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The Eclectic Review

George W. Boskowitz, H. M. M. D., Editor

Assisted by the faculty of the Eclectic Medical College
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THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

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Review for 1906.

The Review extends its compliments to its subscribers, advertisers and friends, and expresses the hope that the year 1906 will bring prosperity and happiness to all. As you will notice, the Review appears in a "new make-up," which will be continued during the year. Many of our contributors have suggested this change, and we hope all will be pleased with it.

As in the past, the Review will, each month, contain from four to six original articles, short and practical; the kind that help the busy practitioner. It will also continue to present the society reports, more particularly of the Eastern and New England States.

Its department of therapeutics will be continued under the able direction of Dr. Fyfe. To this department we point with special pride. It has, and will continue to contain the specific indications and application of Eclectic drugs, given in that plain and forceful style that has always made Dr. Fyfe's articles so interesting.

Dr. Pitts E. Howes will contribute to the editorial department as in the year past.

So we hope to continue during 1906 the success of the preceding year.

Our National Association.

In the December number of the Eclectic Medical Journal, and in this number of the Review, articles on our National Association appear, and both would give the impression that our organization was deteriorating; yes, on the verge of collapse; and both suggest the publication of a monthly as the particular way to successfully continue its existence and enlarge its scope and usefulness.

I have been in regular attendance at our National meetings for many years, and I have noticed with pleasure that each meet-

ing is an improvement on its predecessor. Dr. Henderson, in his article in the *Journal*, shrieks with horror at an attendance of three hundred, "but a corporal's guard," etc. Three hundred is a good attendance out of the number that belong to state and local organizations—proportionately as large as the dominant school.

"Approximately, we have ten thousand Eclectics in the United States." How many belong to local and state organizations? If there is any lack of interest it is in local and state organizations; look to them, and your National will take care of itself. Dr. Howes, in his article, reminds us of the debt of 1895, and yet his proposition would carry us right back to the position of '95. I can see no advantage in sending the proceedings of our meeting and its essays and papers in monthly installments. It would entail extra labor and great expense on the National, and to my mind would be the one sure way of so embarrassing the society financially that ruin would be inevitable.

The Eclectic Practice.

In continuation of the subject of the articles recently addressed to our new members, I would at this time call their attention to a few axioms selected from the writings of the late Prof. John M. Scudder, an Eclectic author whose name will occupy an honored place as long as medical history continues to be written. The quotations to which I refer are as follows:

"We want as nearly a normal condition of the stomach as possible for the reception and digestion of food; we want it for its sympathies, and its relation to the vegetative system of nerves; and lastly, we want it for its kindly reception and absorption of our remedies."

"We want as nearly a normal condition of the bowels as it is possible to get, that vital functions may not be disturbed by their irritation, or the life depressed by their inability to do their work."

"In acute disease, and in many chronic affections, rest is an essential part of good treatment, and is to be obtained by relieving irritation and excited functional activity."

"The patient must have food to support life; it should be carefully selected, well prepared, and given at such times as it may be best appropriated. The patient should be brought into, or kept in such a condition, that a reasonable amount of food may be taken."

"The temperature should be kept as near 98° as possible, certainly below 103°, and to this end baths and remedies which influence the skin sedatives and remedies specially influencing the nervous system and calorification, should be carefully studied."

"The pulse should be brought and kept as near the normal standard as is possible, both as to its frequency and the freedom and equal circulation of the blood throughout the body."

"The innervation of the sick must be carefully looked after, and remedies employed which will give as nearly a normal condition as possible."

"Secretion should be established in a natural way, by obtaining such conditions as are necessary for the performance of these functions."

"Evidences of sepsis or putrescence should be recognized, and met by the proper antizymotic or antiseptic."

"No medicine should be given to the sick, unless there is a special indication for it, and we are satisfied that its action is opposed to disease and favors health. It is better to give a placebo and trust to nature, than to give a medicine which may do injury."

J. W. F.

Injuries from Electricity.

In these days of electrical machinery and wires of numerous and varied kinds, injuries of a peculiar nature frequently call for the immediate attention of the general practitioner of medicine. It is well, therefore, to keep constantly in mind a few simple procedures which are essential to the proper early management of electricity accidents. Of course, the first thing to do is to see that the current is shut off. If this cannot be done instantly the patient must be at once released from contact with it, but he must not be touched with the bare hands. Rubber gloves and rubber shoes would, of course, be the proper thing for the physician to have, but if these are not at hand he should stand on a dry board, and cover his hands with several thicknesses of paper or woolen cloth. Silk is also a good insulator. The physician should not touch the patient's bare body, but he can move him by taking hold of his coattails, or throw something woolen over him, and move the injured person by that. Nothing that is wet should be thrown over him, and if his clothing is wet it should not be touched. A piece of dry wood can be placed under the patient's body if it be found necessary to lift him.

The first treatment of a patient unconscious from the action of electricity is much the same as that used to restore the drowning. The well-known working of the arms, draw out the tongue and rub the body with a brush or cloth to increase the circulation. The later treatment should be in accordance with the indications.

J. W. F.

A Convert.

It is stated that when General Kuropatkin was in full retreat at Mukden he suddenly became an ardent advocate of what

(through a doctor's attempt to be funny) has become known as Oslerism. This statement has not been fully confirmed, but there are excellent reasons to suppose that it may be true, for just at that somewhat important moment the little old fellow Nogi, though past three score and ten, was prancing all around his young generals, old Oyama was performing all sorts of stunts with great rapidity, and the other little old chap called Kuroki was personally directing a terribly destructive fire on the rear of his young fleeing bewildered Russian soldiers. Sufficient reason for conversation, surely. All of these old fellows were far beyond the age at which Oslerism would fossilize all men, and Admiral Dewey would retire all naval officers to the chimney corner.

J. W. F.

Frequent Dosage.

Without doubt, the tendency of the medical profession to-day is to prescribe medicine more frequently than used to be done by our predecessors.

This is a step in the right direction, and is in accord with the laws and methods of Nature herself. We shall be most successful in our medication when we confine ourselves more closely to Nature's rules.

The old-fashioned manner of giving massive doses of medicine at long intervals was productive of a certain amount of harm, which, in many instances, more than counterbalanced the good accomplished. Such medication acts as a shock to the entire physical system. The shock is more or less severe, according as the drug used is more or less powerful.

It cannot be denied that modern physicians are much more observant of the action of remedies than their ancestors in medicine were. They are not so apt to take the dictum of anyone else as absolute.

They think and experiment for themselves. This refusal to bow to authority is, perhaps, more prevalent among the Eclectic School than either of the others.

Without doubt, this non-compliance to stated facts, without proof, has been the foundation upon which the Eclectic materia medica has been built.

Frequency of dosage is one of the pillars of specific medication.

As the doses were given at shorter intervals, their size was reduced in a corresponding degree. Hence the shock to the physical system became less pronounced and the medicinal action improved.

The quicker you desire to obtain results, the more often should your drug agent be administered. Hence many times you will prescribe medicine every fifteen minutes. By so doing you will obtain results that were impossible in less frequent doses.

In determining the size of the dose, when administered frequently, you must bear in mind what you desire the medicine to

accomplish. Some results will require much more medicine than others. Hence, physicians should understand the action of the various sized doses of the same remedy. On general principles, a drop of any spec. tinct., given each hour, will produce a better effect than four-drop doses administered once in four hours.

The small, oft repeated dose exerts a gradual influence which is not lost before the next dose is taken. This continuance of effect produces a cure with less disturbance to the physical system.

P. E. H.

Original Articles

Can Sect in Medicine Be Abolished?

BY ALEXANDER WILDER, M.D.

The witty and vivacious Samantha Allen relates that while visiting Saratoga, Josiah, her tractable spouse, demanded why everybody could not be Methodists. Of course, she extinguished him utterly by her logic, as she generally did.

But questions of that tenor are constantly asked, and seldom satisfactorily answered. When we are confident that we have just the right view and appreciation of a subject we feel certain that others should look upon it as we do, with the same impressions and convictions. The fact that they do not, often seems to us as due to a want of intelligence, mental acumen, or perhaps of moral honesty and integrity. Joined to our motives in such instances there is likely to be a sinister incentive that we may not be so willing to acknowledge. The love of ruling is a form of selfishness that obtrudes whenever we attempt any activity among fellow beings. We sometimes disguise this from ourselves, but it crops out when we endeavor to subject the will of others. It was the highest self-denial, the purest charity of an apostle, to live consistent with the avowal, "Not that we would have dominion over your faith, but would be helpers of your joy."

It has been the bane of religion for centuries that arbitrary rule, under various pretexts, has endeavored to establish uniformity of belief. Cruelty of the most reprehensible kinds has been employed to coerce conviction. And what often seems even more remarkable, individuals and peoples that have complained loudly of oppression and persecution have themselves been equally ready to vex and domineer over others whom they could bring under subjection to themselves.

Political partisan organizations, religious associations, and even scientific bodies, exhibit the same lust for power and intolerance of dissent. Maximilien Robespierre, the incorruptible, was at once the most radical democrat in France and the most resolute to subdue those who thought otherwise, by the penalty of death.

Such has been the history of humankind. It has been a curious growth, abnormal and fungous, perhaps, but so uniform as to appear natural. To obliterate the tendency seems almost like an eradicating of human nature itself—a thing which may not be.

The art of medicine has always been more or less affiliated with the philosophic and religious beliefs which were current. It is recorded as an example of turpitude in a certain Judean king of the earlier period, that having a disease in his feet, "he sought not unto the Lord, but unto physicians." Evidently, in this case the Lord was represented as elsewhere, by "the priests and the judges" (Deuteronomy, xix., 17), while the physicians were Rephaim, individuals of an alien people. Herod the king was blamed, and his subsequent death associated with this resort to practitioners who were proscribed as "irregular."

It is not necessary, however, to follow this branch of the discussion further. In these later years the healing art has become a profession apart from theological notions, and there is claimed for it a sanctity all its own. We are only brought to face the question whether medical practice should be uniform, and sects abolished accordingly. This result has been attempted repeatedly, both by statutory enactment and by elaborate schemes of ethics. But neither method has had moral force to accomplish such an aim. As in the religious, so in the scientific world, the endeavor to repress a belief and ascendant practice is a violence to human nature itself. Only savagery is a state of uniformity, or we may also adduce solitary confinement. It is the first peculiarity of evolution that there should be differentiation. The more perfect any product of nature is, the greater are its diversities. So, too, with our senses. Food does not taste alike to several persons; sounds are not heard with the same intonation; no two individuals obtain the same impressions of color. Thought and conviction exhibit such dissimilarity in the region of mind. We were made on purpose to differ.

But the medical art has a single aim—the restoring of health. It would seem at first view that all who engage in this effort should "see eye to eye." Yet when there come into the account the differences of climate and condition, the diversities of constitution and employment, and other analogous matters, as well as the varied circumstances and experiences of medical advisers, it is manifest that there will be distinct conceptions of the character of disorders, their prepor treatment, and the thousand and one intricacies of nursing and care. Physicians in different countries have been differently instructed, and in their experience with the current bodily complaints there has been like variety. When they happen to be brought together, and there is a vivid sense of these peculiar conditions, they naturally and almost unavoidably clash, and it is fortunate if they do not trench on that courtesy which is due from one person to another.

As a result of these different conditions in the several countries there has been a divergence in scientific and professional beliefs. Indeed, we have this differing more distinctly marked in the same region. Thus Paracelsus contended against polypharmacy and routine practice in Switzerland and Germany, and the Van Helmonts, adopting his philosophy, carried it into a wider field. Samuel Hahnemann, at a later day, promulgated a more refined theory, and with it an accordant mode of practice. Herbalism in England was inculcated scientifically by Culpepper; and chronothermalism at a more modern period by Dickson. In America, there has been a corresponding search for better methods and an endeavor to realize them. There have been herbalists from the beginning, like Goodwife Jones, of Massachusetts Bay, and the Sweets of Rhode Island. Rugged old Samuel Thomson, with little learning but what he acquired by observation and experience, was able to make wonderful cures and to procure a following which for half a century and more was formidable and influential as a school of practice. Wooster Beach, likewise, a Yankee of the Connecticut stamp, equally positive and earnest in his convictions, but broader and more cautious in his procedures, became likewise a leader in medical opinion, not to be silenced by frowns or suppressed by arbitrary severity. From him and those who took part with him, and other allies, came the American Eclectic Practice of Medicine, with adherents who have been emphatically the physicians of the people. There are little schools and parties besides these, with theories and methods peculiar in character, worth our attention and examination, perhaps, but not necessary now to enumerate.

With these different schools of opinion and practice, more or less distinctly organized by themselves, is it practical or practicable to include them as one sole profession? I discard, as totally unworthy of respect, the superciliousness which attempts to class a privilege-seeking number as being solely and exclusively the "medical profession." Such assumption is supremely selfish, unmanly, and hostile to the best interests of mankind. It savors strongly of the same spirit which leads certain religious corporations to style themselves the church and ignore others. It belongs to the Dark Ages.

Nevertheless, all human interests are one. The medical art has legitimately but one aim, the benefiting of mankind. In this matter it is at one with every other art. Plainly, therefore, there should be no rivalry, except in doing service the best. Every individual has his specific adaptation and field of activity, where none other can do as well as he; and none are supernumerary, or their work superfluous. The healing art has many phases, and human troubles are in many forms. There is a place, accordingly, for all.

But till we all are ready to live up to this ideal, there will be sects, as there are diversities. In a perfect society, it is true that these diversities will contribute to make the whole complete; but while our mental and moral vision remains faulty they serve to produce and promote division. It is not easy for two to walk together except they be agreed. In such case the judgment of the Quaker is the better wisdom: "Friend," said he, "this world is wide; there is room for me and thee to pursue our way apart".

Nor, under present conditions, is this so very unfortunate. The different sects in medicine have developed upon different views and ideas. Each naturally pursues investigation on its own lines. This adds so much to the general stock of attainment and knowledge. But for this divergence of sects, many of these lines of exploration and study would be neglected. I would be reluctant to part with any of the labors and results which have been accomplished, and I feel grateful to those who mined the treasures and brought them forth for our use.

When Emanuel Swedenborg wrote of the last judgment, the new Church, and the liberty that was thenceforth to come to the man of the church, he did not premise any destruction of the organizations that existed. Instead, he predicted that they would remain and do their individual work. But he had the concept of a living body, a *maximus homo*, beyond and in a sense within them all, that profited from their service. So it may, and should be, in the medical world. It is not necessary to do away with the sects. Indeed, it would be criminal to attempt to stamp them out of existence with the iron heel of arbitrary power or political partiality.

The present is hardly the time when there can be any fusion of sects. In the religious circle there has just been devised a federation of the denominations which call themselves evangelical, excluding those which affect the term liberal; but they do not contemplate any merging. This is practicable with medical bodies that prize professional above partisan advantage. The basis of the National Association seems broad enough for such co-operation:

"The object shall be to maintain organized co-operation between physicians for the purpose of promoting the art and science of medicine and surgery, and the dissemination of beneficial knowledge and an improved practice of medicine.

This would give room for the homeopaths on the one hand and for the various sectaries on the other. There is no occasion for any other conditions, except such as relate to personal character and the relations of gentlemen. Yet while the platform is broad, the schools are not. We must take things as they are, with our eyes open to what they ought to be. There is no real impediment to friendly relations, and even those of a professional nature, where individuals are ready for a "square deal." What others

know, we are entitled to know, likewise; what we know is the rightful property of all whom we can serve. The sects can remain well enough while they are able to maintain a sufficient reason for existing. They are doing good, and we would do serious wrong to hold their work and attainments in low esteem. We do not seek in our social system to do away with households and families, regarding them as vital to the public weal. Every household has a genius and characteristics essentially its own, yet this does not conflict with good neighborhood. We are all the better, all the richer, for having neighbors. We have but to carry this concept into the medical republic and we shall perceive analogous advantage.

The sects have really advanced medicine as a remedial art. When Dr. Enoch Hazard, of former note in Rhode Island, was asked to participate in a movement to suppress quacks in medicine, he indignantly refused, declaring: "All that we know in medicine was learned from quacks." It would have been well for medical attainment if this had been the general sentiment. Yet the whole pharmacopeia is made up of drugs known by casual occurrence, or the experience of untitled men.

Schiller, the poet-philosopher, well said that it "is impossible to assume that only by a stifling of a part of our nature we can achieve its perfection; that only by stifling our inclinations we can live up to duty." What is true of man individually is equally true of man collectively. Right is sacred for all; opportunity should be equal to all. It is skill that exalts; the rest is but trappings.

In short, it is well to emulate the maxim of Augustin of Hippo: "In things that are necessary let there be unity; in matters not of perfect certainty let there be liberty; and in all things, charity."

Newark, New Jersey.

APOCYNUM CANNABINUM.

The Root of the Apocynum Cannabinum Linne Natural Order
Apocynaceae.

BY S. ROBERT SHULTZ, M. D.

Read at the November meeting of the New York Specific Medication Club.

There are two indigenous species of this genus, apocynum cannabinum and apocynum andresenisifolium, of very similar general aspect. Both plants contain an abundance of milky juice and have a tough, fibrous bark, which by maceration yields a substitute for hemp. From this fact it derives its name, which is a misnomer. The two plants have the same habitat, although apocynum cannabinum seems the commoner variety in the West.

Apocynum andresenisifolium was formerly included in the

United States Pharmacopeia, but of late seems to have almost disappeared from the market. According to Mr. E. A. Manheimer, its root can be distinguished from that of *apocynum cannabinum*, on microscopical examination, by the thick-walled base cells, which are arranged in the form of a circle in the middle of the bark.

Schmeidenberg and De Water ("Pflanzenstoffe," second edition, p. 1332), after pulverizing the root, found two principles acting like digitalin; one, an amorphous, resinous substance, not a glucoside, easily soluble in alcohol and ether, slightly soluble in water, which they called "apocynin." The other was a glucoside, easily soluble in water, which is called "apocynein."

Professor John Uri Lloyd noticed a white, tasteless, crystalline, waxy precipitate formed in the fluid extract of *apocynum cannabinum*.

MEDICAL PROPERTIES AND USES.

Apocynum is powerfully emetic and cathartic, sometimes diuretic, and promotes diaphoresis and expectoration. It produces much nausea, diminishes the frequency of the pulse, and appears to induce drowsiness, independently of the exhaustion consequent upon emesis.

According to Dr. D. A. Sakoloff (Medical Chronicle, September, 1888), the remedy, in sufficient doses; first stimulates the heart and vaso-motor centers, causing a pronounced rise of arterial pressure, and then acts as a paralyzant, producing a gradual fall of the pressure to zero.

The disease in which the drug has been found most useful is dropsy. From fifteen to thirty grains of the powdered root will generally cause profuse vomiting and purging. The decoction is a more convenient form of administration. It may be prepared by boiling an ounce of the dried root in a pint and a half of water. Of this, from one to two ounces may be given twice or thrice daily. The aqueous extract, in doses of from three to four grains, given three times a day, will usually act on the bowels.

Ellingwood says: "Whether *apocynum* acts more directly upon the heart or upon the kidneys, is an unsettled question, except to those who have used it in cases where the heart is greatly enfeebled, and dropsy results from this condition. It is certainly an excellent heart tonic in such cases, improving the strength of the heart muscle and the character and force of the pulse, increasing to a remarkable extent the arterial tonus. It strengthens the nerve force, improves respiration, and facilitates oxidation of the blood." Some authorities, notably the French, claim that this agent is a violent cardiac poison. They believe that it contains an active principle which acts as does *digitalis*, with, however, this difference—that it is not cumulative in its effect; nor do medicinal doses give rise to any untoward symptoms, with the exception of headache.

Sajous' Encyclopedia, Vol. I., p. 441, says: "The powdered root may be given in doses varying from five to ten grains, acting as a bitter tonic. In from ten to fifteen-grain doses it acts as a diaphoretic and laxative; in larger doses, from fifteen to thirty grains, it irritates the gastro-intestinal tract and gives rise to diarrhea and vomiting. It is a valuable preparation." Yet it does not state in which diseases to use it, nor in what manner to employ it.

White and Wilcox's "Materia Medica and Therapeutics," page 599, says: "Canadian hemp has been found to be beneficial in dropsy, because of its action, which is not only diuretic, but, as well, resembling that of strophanthus and similar drugs—when used as an infusion. This is a more valuable drug than its use would indicate. It frequently produces copious diuresis after other and better known drugs have failed. It is also, in larger doses, a hydragogue cathartic."

Hare in "Practical Therapeutics" does not mention the drug; neither does the edition of 1895 of the German Pharmacopeia.

Remington in "Practice of Pharmacy" page 903, says: "It is used as an expectorant and anodyne, in doses of thirty grains."

The last edition of the United States Pharmacopeia, on page 49, mentions the drug.

Froment has reported ten cases of diverse cardiac diseases in which the pulse was reduced in frequency, the arhythmia was regulated, and the arterial tension raised; edema disappeared; in some cases it procured relief where strophanthus and convallaria had failed.

It is useful in pulmonary tuberculosis, where the frequency of the pulse gives rise to anxiety, although contra-indicated where diarrhea is present. Its influence on the kidneys is manifested where cardiac symptoms are not conspicuous. It produces a greatly increased flow of limpid urine without irritating the renal organs.

SPECIFIC SYMPTOMATOLOGY.

Puffiness of the face, beginning in the loose, cellular structures under the eyes; swelling of the hands and feet, followed by general dropsical effusion. Dropsy due to defective renal action yields first to its influence, providing too great structural change in the kidneys has not occurred. In acute nephritis, when dropsy appears before the lesion has been accurately diagnosed, as frequently occurs in post-scarlatinal nephritis, apocynum is prompt in its action, but the inflammatory condition must be combatted with other remedies.

In dropsy depending upon feeble heart with impaired arterial pressure and deficient capillary action; in heart diseases where hydro-pericardium is present with other local or general effusions; in relaxed and flabby tissues, such as occur in women suffering with anemia, metrorrhagia and menorrhagia, with slight effusion

about the ankles; cellular edema due to uric acid diathesis or deficient renal action; in all these conditions the remedy acts promptly and satisfactorily.

Ellingwood claims that the drug is efficacious in sciatica. I cannot understand its action in this condition, unless it be that it improves the general tone of the nervous system. In my hands it has failed to cure or even improve this troublesome affection. The great point in the administration of apocynum is to watch the action of the bowels, taking care not to produce too great depression. In some instances, five drops of the fluid extract is a small dose, while in others half-drop doses are all that may be given.

This remedy has unquestionably a positive general tonic influence, which so sustains the vital forces that considerable violence of cathartic action may be endured without marked depression; such purgative action should, however, be avoided, as a general rule.

According to Fyfe, apocynum is indicated in rheumatism, neuralgia of rheumatic origin, diseases of mucous membranes and of the joints. In my opinion, the drug should not be used in acute inflammatory rheumatism, but should be employed in the chronic variety only, where the heart is enfeebled and kidney action impaired, due possibly to the previous administration of salicylates.

Apocynum is diuretic, diaphoretic, alterative, tonic, cathartic, emetic and anthelmintic.

New York City.

Diphtheria.

BY P. NILSSON, M. D.

Read at the November meeting of the Eclectic Medical Society of the City and County of New York.

Diphtheria is a contagious, infectious disease caused by the Klebs-Loeffler bacillus and characterized by the formation of a pseudo-membrane at the seat of infection and secondary toxic symptoms arising from the absorption of ptomaines and toxins from the same.

The peri-tonsillar mucous membrane is usually the starting point, but the pharynx, nose and larynx are quite often primarily affected.

Other mucous membranes may be the seat of the infection, as also wounds.

A special predisposition is probably necessary for the bacilli to develop, as they have been found repeatedly on the mucous membrane of perfectly healthy persons. The identity of the diphtheria bacillus with the pseudo-diphtheria bacillus, the bacillus of ozaena and the bacillus of seleroderma, is believed by some investigators. The incubation period varies from two to seven days.

The diagnosis is generally easy, but where it is doubtful a culture of the bacillus should always be made. The initial symp-

toms, which may closely resemble those of a rheumatic pharyngitis, are a feeling of chilliness, fever, pains in the back and limbs, slight soreness and stiffness of the throat, and either dryness or a thin, watery, acrid discharge from the nose.

Within a short time, perhaps only two or three hours, the diphtheritic membrane appears, and may in twenty-four hours assume such proportions as to render deglutition and respiration difficult.

Attempts to dislodge the membrane forcibly expose a raw and bleeding surface, which in a short time will be as thickly covered as before.

Nasal hemorrhages often take place and are sometimes very profuse and hard to control.

Diphtheritic laryngitis very quickly causes a stenosis and dangerous interference with the respiration. The patient must be carefully watched and the physician must be ready to perform intubation at short notice.

The constitutional symptoms are those of a toxemia and are in proportion to the amount of toxins absorbed. In nasal naso-pharyngeal diphtheria, absorption occurs the most rapidly and freely, principally through the lymphatics, as evidenced by the congested conditions of the superficial cervical glands, especially noticeable in these cases. The prognosis in these cases is, therefore, very grave as far as regards the ultimate outcome of the disease.

Parenchymatous degeneration of the kidneys, indicated by albuminuria and casts, is a common complication in this disease. The heart-muscle is apt to suffer and sudden attacks of heart failure are not rare, sometimes occurring as late as two months after disappearance of the membrane. This may also be due to a degenerative process in the vagus, the nerve most commonly affected. Paralysis of the palatal muscles, with difficulty in swallowing and regurgitation of fluids through the nostrils, is a common sequela. More rarely we find a general neuritis, with numbness, tingling and extreme weakness of the extremities. Trophic symptoms are uncommon.

In laryngeal diphtheria the infection may spread downward and set up a broncho-pneumonia, thus rendering the prognosis, already grave on account of the danger of complete laryngeal obstruction, still more unfavorable.

Cellulitis of the neck, Ludwig's angina, is a rare but very fatal sequela of bad cases of diphtheria.

The treatment is preventive and curative. The preventive treatment consists in isolation of the infected person, disinfection of dishes and clothing and fumigation of the sick room, with its contents. Immunisation of the healthy members of the family is obtained by injections of antitoxin in quantities of 300 to 500 units. This generally confers immunity to the injected persons for three

to four weeks. Successful recovery generally renders the patient immune for about six months.

The curative treatment is medical and hygienic. The room should be light and airy, moderately warm, and the atmosphere kept somewhat moist by a kettle of boiling water on the stove. Steam heat and gas stoves render the air too dry for the comfort of the patient. It is well to add a teaspoonful of oil of eucalyptus or turpentine to the water in the kettle. The food should be fluid or semi-fluid; light broths, warm milk, either plain or mixed with a carbonated water, are most all that is needed. The bowels should be kept in order. Antitoxin in doses of two thousand to three thousand units, repeated if necessary in twenty-four hours, is usually given to any case, moderately severe, as soon as diagnosed. It has a favorable effect on the pseudo-membrane and the accompanying systemic symptoms, by inducing perspiration and liberating the internal secretions, which are antitoxic in themselves.

Among the various drugs recommended, aconite, bryonia and phytolacca are most often indicated. The latter I use internally and in the form of a spray. I have had less of unpleasant complications with these remedies than with any others. Chloride of iron seems to me to do more harm than good in this disease. The local use of astringent solutions is as a rule contra-indicated because they harden the exudate and compel absorption from the sub-mucous tissue. Harsh remedies seldom accomplish anything and only add to the distress of the patient. Potassium chlorate is indicated when the membrane is dark, decomposed and foul smelling. Hydrogen peroxide in the spray or gargle is very useful. Digestants are often used locally to dissolve the exudate. Echinacea, baptisia and potassium bichromate have their respective indications. Mercuric chlorid and cyanid are highly thought of by some practitioners. Jacobi highly recommends the former in diphtheritic croup as an adjuvant to the antitoxin.

New York City.

National Eclectic Medical Association.

BY PITTS EDWIN HOWES, M.D.

The paper by Dr. H. L. Henderson, published in the December number of *The Eclectic Medical Journal*, certainly furnishes much food for thought and discussion.

Having been closely identified with the National for the larger part of the past ten years, I desire to offer some comments and suggestions.

My first appearance at the National was at Waukesha, Wis., 1895. At that meeting, owing to dissensions arising because of the expulsion of one of its oldest members for violation of the laws,

the control of the association passed to the younger members, as they were designated.

A hasty glance at the statistics will enable us to see what has been accomplished in the past nine years—the Transactions for 1905 not being yet in print.

At the expiration of the 1895 meeting the roll of membership consisted of 410. The association owed \$1,003.69. Three years later, in 1898, the membership had decreased to 338, and the debt amounted to \$392.00. Six years later, in 1901, the membership was 480, and there was a balance in the treasury of \$734.03. Nine years later, in 1904—notwithstanding 94 members joined at the St. Louis meeting—the membership only amounted to 461, and the cash on hand was \$279.29. During the last period a strong effort had been made, and much money spent, in attempting to awaken enthusiasm among the Eclectic physicians in behalf of the National, and yet with the result as above stated.

Doubtless something is wrong, and it behooves us, as Eclectics, to arouse ourselves, rectify all mistakes of the past, and place our National Association on a level with that of the other two schools in medicine.

How is this to be done?

I believe that a medical journal published by the association would be a great help in the right direction.

Resolutions should be adopted and laws enacted by each state society, so that all their members in good standing should become members of the National. Each society should be required to pay a per capita tax of \$1.00 to the National for every member in good standing, said tax to be collected by the state societies of their members.

There should be no dues paid directly to the National, but a charge made for the diploma. In times past a great many have joined the National simply to get the diploma, and have dropped out after paying one or two years' dues. By this plan they all would remain members as long as they remained in good standing in their state society. The membership of the National would be largely increased at a very slight expense, and each member would receive an ample equivalent for the money invested, in the shape of the journal published by the association.

The journal should be published by the association, under competent supervision, for several reasons. First, its contents would pertain largely to the interests of its membership, which it should strive in all ways to augment. Second, being the property of the association, and only procurable by membership, it would be a strong inducement to draw Eclectics into the state societies, and ultimately into the National, thus adding strength all along the line. Third, the giving of the publication to any one of the

now existing journals, for a given sum, would be sure to start a subject for discord.

The pages of this journal should be filled with the papers read and discussed at the annual meeting, the papers submitted by title, the addresses and general business of the annual session, together with such matters as the officers might desire to bring before the membership at large.

In years past many have accepted official positions who have not been present to perform those duties when the time arrived for their fulfillment. This ought not to be allowed. No person should be permitted to accept an office without an assurance on his or her part that they would be present at the next meeting of the National to fill such position.

The sessions of the National should be held at such places as will best serve the interests of the Eclectic School of Medicine.

As most of our state societies hold their meetings in May and June, the attendance at the National might be augmented if its sessions were held early in September.

Boston, Mass.

Therapeutics

Edited by

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

The First Row in My Medicine Case.

Under the above caption I propose to publish during the present year a series of articles briefly referring to some of the properties of the first twelve remedies in my buggy case. They are aconite, apis, belladonna, bryonia, cactus, ergot, gelsemium, ipecac, opium, phytolacca, pulsatilla and rhus toxicodendron.

ACONITUM NABELLUS.

Aconite is one of the most useful remedies in our materia medica. The drug has been so long and so extensively employed that the physicians are numerous who believe that they know all there is to know about its curative action; but aconite is a remedy possessing great and varied possibilities—much greater than any one man can readily ascertain.

In all forms of disease, when the pulse is small and frequent, aconite lessens vascular excitement and the rapidity of the circulation, promotes secretion from the skin, and reduces the temperature. It moderates the force and frequency of the heart's action—increasing the power of the heart and the tone of the blood vessels. It also has a decided action on the excretory organs, and its

control over the excessive action of the skin, bowels and kidneys makes it a remedy of great value in the summer complaints of children. Aconite is, without doubt, our most frequently indicated remedy. Cholera infantum, diarrhoea, dysentery, tonsilitis, croup, simple and continued fevers, scarlet fever, diphtheria, measles, parotitis and rheumatism are among the most common diseases likely to call for aconite as a part of the treatment.

In tonsilitis aconite is a very useful internal medicament, and much good may also be derived from its local influence. This influence may be conveniently secured in the following manner: Add two drachms of the specific medicine to two ounces of vinegar and two quarts of water. Then have the patient inhale the steam produced by placing one or two hot stones in the vessel containing the combination. This steaming process should be continued about five minutes, and repeated every two or three hours.

Aconite constitutes an essential part of a valuable liniment which is made as follows:

℞ Specific aconite	℥iv
Chloroform	℥i
Soap liniment, q.s. ad.....	℥iv

M. Sig. Apply with the hand two or three times a day.

This liniment constitutes a most efficient application in all forms of rheumatism and in neuralgia, and its use in strains and sprains will yield equally good results.

Aconite is sedative, diaphoretic, diuretic, antispasmodic and narcotic. In large doses it is a very dangerous drug. The dose of the specific medicine (or a good fluid extract) is from the 1-20 to $\frac{1}{2}$ of a drop. One-half of a drop will produce, in some persons, toxic symptoms. In the opinion of the writer it should never be employed in larger doses than are named in the following prescription: ℞ Specific aconite, gtt. iii to x; Water, ℥iv; Teaspoonful every hour.

Thuja Occidentalis.

The excellent article on *arbor vitæ* which follows is taken from the Transactions of the National Eclectic Medical Association. It was written by Dr. J. T. McClanahan, of Boonesville, Mo.

"*Arbor vitæ*, or false white cedar, as it is called, from its resemblance to white cedar, is indigenous to this country. This evergreen grows wild in various parts of the United States, but most abundantly in the Northern States.

The bark, leaves and twigs are the parts employed, and they impart their medicinal properties to both water and alcohol. They have a pleasant benzoinic odor when bruised, and an aromatic, pungent, bitter taste. An aromatic, pungent, yellowish-green, essential oil is also produced by distillation. Other principles are found in the crude drug, but are not essential to my purpose at this time.

The aborigines made decoctions of the leaves and soft shoots, which they administered to those suffering from colds, coughs, intermittent and remittent fevers, blood diseases, etc. Poultices of the leaves were also used for swollen and painful joints, abscesses, inflammatory rheumatism, and kindred diseases. An ointment made with lard, or other fats, is useful for the relief of painful affections by anointing the parts.

Internally, thuja is an excellent remedy to give tone to mucous membranes. It is a remedy for relaxation and debility, but never for inflamed conditions. It influences, specifically, the urinary apparatus, and is useful in chronic diarrhoea, and chronic troubles of the prostate gland. Weakness and pain in the back and loins, murky, offensive urine—containing deposits, or casts—are indications for thuja. In catarrhal conditions of the bladder and bowels, and other troubles of these organs, I have given thuja by mouth and injection, with excellent results. For the destruction of warts, in full strength, applied with a brush, or, if large enough, inject at the base of the tumor. Nævi, and other tumors, containing fluid or fibrous material, may be completely removed with hypodermic injections of Lloyd's specific thuja. I have effectually destroyed several nævi. Recently a mother brought her babe of six months to me; there was a large red tumor, the size of a walnut, at the angle of the mouth, with outward filaments at the base. I injected deeply at the base forty drops of pure tincture, being careful—by moving the point of the syringe—to penetrate every part of the tumor. No other treatment was necessary.

My experience with thuja in the treatment of hydrocele has been very satisfactory, and in no instance have I had to make more than two treatments. I always empty the sack thoroughly, and then throw in two or four drachms of the tincture with an equal quantity of warm water. The pain and subsequent inflammation has generally been insignificant, and in no case severe enough to require opiates or additional treatment. The hydrocele has been cured in every instance.

It is said to cure cancer in the early stages, but will not in the latter, as I have demonstrated; it is a good and useful local application for the foul discharge of uterine and other malignant ulcers, stops the discharge and disinfects the parts wonderfully.

I have also used it as an injection in the non-inflammatory stage of gonorrhœa, and in two or three instances—when everything else has failed—it promptly did effective work.

As a hæmostatic thuja has taken a front rank. In all cases where a hæmostatic is applicable it will be found prompt in action. In the smaller incised wounds, that are sometimes persistent in bleeding, the pure tincture will be found very valuable. In severe hæmorrhages of the nose, and in the minor operations upon the eye and nose, I use thuja liberally. In umbilical hæmorrhage, hæmorrhage

of the gums, and that which follows the extraction of teeth, it can be used advantageously.

The pure tincture, introduced by means of hollow suppositories, will relieve ulcerated and bleeding piles, if not too highly inflamed. I have relieved the itching of anal fissures where all other remedies had failed; also that terrible and itching eczema, so often met with around the genitals and thighs.

I have found thuja cerate very beneficial in treating old sores, ulcers, salt rheum and tetter; in one case of ichthyosis of the extremities, by thoroughly anointing the parts once a day the patient was relieved of the itching and extreme harshness, and I believe will, if used a year or two longer, eventually be cured of this supposed incurable malady. Thuja, combined with collodion, 1 to 10, I use in abrasions of the skin, and chaps and cracks about the fingers and hands; if combined in equal parts it will be found of great benefit for corns, warts, vegetations, etc., effectually curing them in a short time.

The oil of thuja, combined with liquid vaseline, in proportion to suit the case and condition, I use in the form of a spray in the nose, throat and ears. Hypertrophied turbinated bodies, tumefied, thickened schneiderian and mucous membranes, œzema and catarrhal conditions, polypoid conditions, ulcerated and granular conditions of fauces and throat, all of these are benefited by this preparation. I have likewise used thuja in otorrhœa and catarrhal conditions of the auditory canal. Sometimes I need the influence of a mild escharotic in the ear, and I can get it from thuja better than any other remedy. Sometimes in atrophic conditions, and when the bones of the ear are exposed, I get the very best results from oil thuja and liquid vaseline.

In my eye practice thuja is one of the most frequent remedies used. Most diseases of the cornea and conjunctiva, ulcers of the cornea, chronic suppurative keratitis, opacities of the cornea—not cicatrices—ulcers of the conjunctiva, chronic granular conjunctivitis, I treat with the pure non-alcoholic tincture. In corneal ulcers and opacities I prize thuja very highly. In granular lids my success has been fairly but not uniformly good; this I attribute to the fact that there is in granular lids, generally, a high degree of inflammation, which is not favorable to the use of thuja. In eczema tarsi I have found thuja very successful, and for stytes and warts of the lids it is the remedy par excellence.

I have not mentioned the use of any other remedy in combination with thuja because it has been my purpose to give solely the range of action and uses of thuja as I have observed them.

Ferrum Phos. and Kali Mur.

Dear Dr. Fyfe:—This year we have had an unusually large number of cases of pneumonia in this vicinity. Although not an Eclectic, I have been trying to follow out some of the suggestions

of specific medicationists, and as a result I think I have been more than usually successful in treating my pneumonia cases.

Ferrum phos. and kali mur. are not, I believe, regarded as Eclectic remedies, but my recent use of them is what I wish to tell you about. I have within a short time successfully treated four cases of pneumonia with ferrum phos. and kali mur. as the only internal medication. To illustrate my use of the remedies I will report one of these cases. The patient was a boy ten years of age. His mother said he had seemed to have a cold for nearly a week. He had complained of headache, had a sharp pain in his left side, was restless, and she thought there had been some fever. On examination I found that his pulse was 120, his respiration forty, and his temperature 103 degrees F. The skin was hot and dry; expectoration viscid and streaked with blood; yellowish coating on the tongue; hacking cough; scanty urine; diminished movement on left side of chest; vocal fremitus marked, and some dullness over affected spot; a few crepitant rales, and respiratory murmur feeble. Diagnosis, lobar pneumonia.

The treatment was as follows: Apply Eclectic compound powder on larded cloth to the chest, and renew the application every day. The following prescription was continued until complete recovery: \mathcal{R} Ferrum phos. 3x, Kali mur., 3x, each gr. xx, Water, \mathfrak{z} iv. M. Sig. Teaspoonful every hour.

H——— F———, M.D.

[The foregoing is abstracted from a private letter. If the writer is not an Eclectic he certainly is very close to the real thing. Let me hear from you again, doctor.—F.]

Sanguinaria Canadensis.

Sanguinaria is a most efficient remedial agent in diseases of the throat and air passages. In bronchitis, when there is excessive secretion, it constitutes a valuable medicament, and in all diseases of the respiratory organs, when the inspiration is difficult and the throat is hot, dry and swollen, and there is a sense of constriction in the throat, with difficult deglutition, it affords prompt relief. In laryngitis, when there is severe cough, with tickling or dryness of the throat, it also acts efficiently in a curative direction. As a cough medicine it has few equals, and will alone cure many unpleasant coughs. It also constitutes an important part of several cough mixtures which have been found useful in coughs presenting no marked specific indications. The patient coughs, but cannot give any particular reason for so doing. In order to meet these cases I have the Buffington Pharmacy Company, of Worcester, Mass., manufacture for me the following tablet:

\mathcal{R} Tr. Sanguinaria, min., 1-8.

Powd. cubebs.

Benzoic acid, aa., gr. 1-40.

Morphine sulph., gr. 1-100.

Sugar.

Sac. Lactis aa. q.s. ad, gr. 5.

M. Ft. Tablet No. 1. Sig. Dose one tablet dissolved on the tongue every one or two hours, or as often as necessary.

This tablet is known as "Special Formula No. 467," and can be procured of the above named company, but I am in no way interested in its sale.

Sanguinaria is successfully employed in many atonic conditions of the stomach and bowels, and is especially indicated when there is marked nervousness, a burning sensation in the stomach, or an increased secretion of mucus.

Sanguinaria in small doses is a stimulant and tonic. In large doses it is sedative, expectorant, emetic, hepatic stimulant and diuretic. In very large doses it is a poison.

The dose of the specific medicine (or a good fluid extract) is from 1 to 10 drops (the latter is emetic), but the most efficient influence of the drug is secured by employing it as follows: \mathcal{R} Sanguinaria, gtt. v to xxx, water, \mathfrak{z} iv; teaspoonful every one, two or three hours.

Olive Oil in Tuberculosis.

Olive oil is being more and more extensively employed in the treatment of tuberculosis, and many physicians deem it superior to cod liver oil, as it gives equally good results and seldom disturbs the digestive organs. In speaking of its use, Dr. T. B. Keyes, of Chicago, says:

"My results in the cure of tuberculosis by the subcutaneous injection of olive oil of a very high grade, thoroughly sterilized, convince me that many lives may thus be saved. I use olive oil in preference on account of its being non-irritating and very readily accepted by the system."

Use of Douches.

In an article on puerperal sepsis, published in the *Yale Medical Journal*, Dr. Dr. C. Taft says:

"The use of douches, whether vaginal or intrauterine, as a routine at any time either before or after confinement, tends to promote the development of sepsis. The only exceptions should be when an attempt is made to cleanse a vagina of gonorrheal infection prior to confinement and when used in connection with other treatment for a septic condition already developed."

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Put-in-Bay in June, 1906. J. P. Harvill, M. D., president; Finley Ellingwood, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1906. W. J. Krausi, M. D., president; E. H. King, M. D., secretary.

Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. Lydia Ross, M. D., president; Pitts Edwin Howes, M. D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth Street. V. Sillo, M. D., president; Charles Lloyd, M. D., secretary.

Kings County Eclectic Medical Society. Meets third Monday in each month. H. Stoesser, M. D., president; M. B. Pearlstien, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth Street. H. Harris, M. D., secretary.

Boston District Eclectic Medical Society. Meets the fourth Monday of each month, excepting July and August, at "The Thorndike," Boylston Street. A. W. Forbush, M. D., president; Pitts Edwin Howes, M. D., secretary.

National Eclectic Medical Association.

To the Eclectics of the U. S.:

Your attention is hereby directed to the next annual meeting of the National Eclectic Medical Association, which will convene at Hotel Victory, Put-in-Bay, Ohio, June 19, 20, 21, 1906.

The officers of the Association have already done considerable work preparatory to the next convention.

The Section officers will be announced at an early date. We have taken no little pains in selecting strong, energetic men to fill these important positions—men who will take special pride in working up their respective sections with material worthy of the progressive age in which we now live. But there are hundreds of physicians in our ranks who are equally strong and enthusiastic, whose names will appear for papers in our last announcement.

One request I desire to make of the members of the National, and I hope every member will take special notice. It is, that when any of the officers, whether of the association proper or of the sections, write you for information, *please be prompt in your reply*. It will make our labors much lighter and our work more interesting.

If you have on your mind a subject that you would like to present at our next meeting, *write to me at once*, and I shall see that you are placed under the proper section, and will also see that you get a hearing at Put-in-Bay.

We desire to devote more time to section work next year than we have hitherto.

The committee on arrangements, of which Dr. W. K. Mock, of Cleveland, Ohio, is chairman, have already done, and are still doing, valuable work.

Dr. B. K. Jones, our treasurer, reports to me that the members are responding nicely, and that the financial end of the association is progressing. I appeal to all of those who are yet in arrears to

remit at once to Dr. Jones.

I had the pleasure of visiting Put-in-Bay on my return from Saratoga, last June. To those who have never visited the island of Put-in-Bay I will say that you will be struck with the unbounded beauty and simple grandeur of this historic spot.

If any member of the National desires to offer me any suggestions, be assured they shall receive due consideration and your letter a prompt reply.

Fraternally yours,

J. P. HARVILL, M. D., President.

Destruction by Fire of the Transactions of the National Eclectic Medical Association for 1904 and '05.

On November 9, the Alkaloidal Clinic Publishing House, with all their valuable files and records, and with the Transactions of the National Eclectic Medical Association for the current year, was entirely destroyed by fire, involving a loss of \$165,000.

Not only was the partly completed volume destroyed, but all the papers, essays, addresses and record of the proceedings, furnished them as "copy," were burned also.

I had saved a proof of the first one hundred pages of the book, which included about twenty, in all, of the addresses and papers—all of the papers in the Materia Medica and Practice Section. Any member of the Association who can furnish me, at once, a copy of the paper he prepared for that meeting is urged to do so, that I may get up another volume of the Transactions.

I have saved, also, a copy of the proceedings of the Saratoga meeting, nearly complete, with a copy of the revised Constitution and By-Laws. The reports of the committees are burned. Any one who can furnish me with any data which will make the record complete for this year is urged to do so. This will save the secretary a little of the double burden, which this second editing of the annual volume will impose.

The burden of the secretary's work for the year is the editing of this volume. This second editing, if complete, will be greater than the first. This will delay the volume, at least, ninety days.

Please give these requests prompt attention.

FINLEY ELLINGWOOD, M. D., Secretary.

SECTION OFFICERS.

National Eclectic Medical Association.

Practice of Medicine.

Chairman—Wm. P. Best, M.D., Indianapolis, Ind.

Vice-Chairman—E. G. Sharp, M.D., Guthrie, Oklahoma.

Secretary—Geo. A. Doss, M.D., Atlanta, Ga.

Materia Medica.

Chairman—L. S. Downs, M.D., Galveston, Texas.

Vice-Chairman—G. Adolphus, M.D., Atlanta, Ga.

Secretary—Earl H. King, M.D., Saratoga, N. Y.

Obstetrics.

Chairman—R. C. Wintermute, M.D., Cincinnati, Ohio.

Vice-Chairman—J. O. Cummins, M.D., Nashville, Tenn.

Secretary—E. H. Stephenson, M.D., Fort Smith, Ark.

Surgery.

Chairman—W. N. Holmes, M.D., Nashville, Tenn.

Vice-Chairman—L. E. Russell, M.D., Cincinnati, Ohio.

Secretary—Pearl Hale Tatman, M.D., Eureka Springs, Ark.

Gynecology.

Chairman—H. H. Helbing, M.D., St. Louis, Mo.

Vice-Chairman—Q. Robert Hauss, M.D., Sellersburg, Ind.

Secretary—J. R. Duvall, M.D., Atlanta, Ga.

Pediatrics.

Chairman—

Vice-Chairman—

Secretary—A. B. Young, M.D., Brownsville, Tenn.

Mental and Nervous Diseases.

Chairman—W. T. Gemmill, M.D., Forest, Ohio.

Vice-Chairman—

Secretary—J. S. Stewart, M.D., Lincoln, Neb.

Electricity and Mechanical Therapeutics.

Chairman—

Vice-Chairman—J. R. Spencer, M.D., Cincinnati, Ohio.

Secretary—W. E. Kinnett, Peoria, Ill.

Eye and Ear.

Chairman—J. P. Harbert, M.D., Bellefontaine, Ohio.

Vice-Chairman—M. B. Ketchum, M.D., Los Angeles, Cal.

Secretary—M. E. Daniel, M.D., Honey Grove, Texas.

Nose and Throat.

Chairman—George W. Johnson, M.D., San Antonio, Texas.

Vice-Chairman—Kent O. Foltz, M.D., Cincinnati, Ohio.

Secretary—Edward G. Trowbridge, M.D., Chicago, Ill.

Eclectic Medical Society of the State of New York.

My Dear Doctor: It is with pleasure that we inform you that the outlook for our state convention, to be held at Albany, March 7 and 8, promises to be of exceptional value and interest, both from a literary and scientific view. By enclosed folder you will see that a large number of active, progressive, intellectual Eclectics are acting as chairmen of section work to foster, aid and stimulate special experimentation and scientific investigation in all branches of Eclectic Medicine.

A friend of Eclecticism has placed in the hands of the president a number of cash prizes to be given for essays embracing original investigation or practical every-day useful facts in "Eclectic Therapeutics" and "Specific Medication." Such essays to be prepared specifically for the state convention.

The prize essay committee consists of: Prof. Harriet C. Hinds, M.D., East Orange, N. J.; Henry J. Birkenhauer, M.D., 216 East Seventeenth street, New York; Earl H. King, M.D., Saratoga Springs, N. Y.

The committee has formulated the following rules governing essays and essayists:

No importance will be attached to literary style; the award of prizes will be solely upon the practical or scientific value of the substance of the essay.

All Eclectics in the state of New York, whether members of the state or local societies, will be entitled to compete.

The decision of the committee shall be final.

The reading of the essays at the state convention shall constitute three points in their favor out of a total of ten points of merit.

Essays may be presented by title to the committee or to the secretary of the state society.

All essays shall become the property of the state society, and, if they merit same, be published in the Eclectic Review.

All essays presented shall be signed with the author's full name and address, or, if the author prefers, with a nom de plume, enclosing a sealed envelope containing name and address.

Prizes for essays are five in number, namely:

First prize—\$20.00 in gold.

Second prize—\$15.00 in gold.

Third prize—\$10.00 in gold.

Fourth prize—\$5.00 in gold.

Fifth prize—Honorary mention.

Do not forget that under any and all circumstances, either from a bedside view, or from an experimental, demonstrative, scientific view, the Eclectic theory and practice of medicine, with specific medication, is the only rational, sure and positive method of antagonizing, combating and eradicating disease. Give Eclectic facts, the best of all things medicinal.

Select the subject upon which you will prepare an essay, and write to the chairman of the department at once, giving him the title of your paper.

If you are not a member of the state or local society, if it is inconvenient to join your local society, you may join the state society direct. Send your application to the secretary at once.

With the compliments of the season to you and yours, we remain,

Fraternally yours,

Earl H. King, M.D., Sec'y.

W. J. KRAUSI, M.D.,

Saratoga Springs, N. Y.

President.

Boston District Eclectic Medical Society.

Boston, December 18, 1905.

The regular meeting of the Boston District Eclectic Medical Society was held this evening at "The Thorndike", being called to order by the vice-president, Electa A. Brown, M.D.

The routine business being transacted, the speaker of the evening, Dr. C. Edwin Miles, was introduced, who announced his subject as "Lobar Pneumonia". He spoke as follows:

Lobar pneumonia is an acute infectious disease, consisting of a specific inflammation of the parenchyma of the lung. It is ushered in with a chill and great prostration. There is considerable temperature and, usually, a crisis.

Clinically, or pathologically, this disease may be divided into a primary, secondary, and fibrous or interstitial form. The fibrous or interstitial form is characterized by the formation of new connective tissue of a fibrous nature.

To-day it is claimed that this disease is caused by the micrococci lanciolatus.

Pathology.—usually the lesion is confined to the whole of one lobe of the affected lung; sometimes, only a part of the lobe is involved. Position in 6,666 cases: Right lung, 54%; left lung, 38%; both lungs, 8%; right lower lobe, 22%; right upper lobe, 12%; right middle lobe, 2%; whole right lung, 9%; left lower lobe, 23%; left upper lobe, 7%; whole left lung, 8%; both lungs—double pneumonia—8%. The left lung is less frequently affected, but these cases are the most serious, because there are only two lobes in the left lung. There are three forms, according to the best authorities. First, the primary, when the onset is sudden; second, the secondary, when it is accessory to some other trouble; third, the fibrous, which is distinguished by the formation of new connective tissue.

There are three stages in a case of lobar pneumonia—if your patient lives long enough for them to develop. First, engorgement; second, red hepatization; third, gray hepatization. In engorgement, the air cells are not collapsed, the alveola epithelium is swollen, the blood vessels are filled, and the air cells are seldom compressed. In red hepatization the tissue becomes solidified, the air cells being compressed. There is more or less crepitation. As this ceases, the tissue becomes somewhat friable and the leucocytes begin to make their appearance. In gray hepatization there is a fibrin exudate, the lung tissue takes on a greenish cast and is friable. There is no crepitation. The lung breaks down and fatty degeneration begins. This stage may go on to resolution or death. The larger proportion of deaths occur during the stage of gray hepatization, often in the early stage. In this stage the air cells abound in leucocytes. At this point, if absorption does not take place, the gray

hepatization goes on to pus formation and the lung tissue breaks down.

Etiology.—At the present day we find Fraenkel's micrococcus lanciolatus in 90% of the cases examined. These may continue to exist for months after recovery has taken place. Netter found it in 20% of the specimens examined, taking the fecal secretions of well persons.

The mode of infection is probably by inhalation. The primary and chief effects of the germ are local in the lungs. Ultimately they may reach other portions of the body. Indeed, to its spread the septicemic process—sometimes occurring—is doubtless due. Its toxic effect may be so virulent and speedy as to cause death before the consolidation of the lung tissue.

Let me cite a case which I treated a number of years ago. Young miss, 12 years old; onset sudden. I saw her four times before I could determine the nature of the trouble. The temperature ran up to 105 degrees; the pulse and respiration were both rapid; constitutional effects very marked. On the third day I found a patch in the upper portion of right lobe, which, though small, I was satisfied was pneumonia. I so informed the family, and desired consultants, who were called. We all went over the case, and they acquiesced in my diagnosis, though the part involved was not much larger than a silver dollar. For six days the patient lay in a semi-conscious state and then began to improve. She finally recovered. We were not any of us much impressed with the septic conditions, as we would be to-day.

Immunity.—Serum Therapy. It has been demonstrated in some cases that the serum of blood, from patients who have passed the crisis, when introduced into the venous system of patients before the crisis, will have the power of hastening that result.

Treatment.—To dictate the treatment of pneumonia is not an easy task. It may sound like a paradox, but concerning this disease I believe it to be true that the very perfection of modern diagnosis has helped to bring uncertainty and vacillation into our practice.

Sir Thomas Watson, 1858 edition, says: "More than once or twice I have admonished you that in prescribing you must not be guided by the mere name of a disease; in this instance you must not be guided by the thing, pneumonia itself, as disclosed by the evidence of auscultation. The constitutional symptoms must direct the treatment, while the local symptoms identify the disease."

It is my intention to give a resumé of the old treatment for this disease, that you may contrast it with the more modern.

A prominent physician who attended the Harvard Medical School and Hospital in 1810-1812, told me that the floors were wet with blood each morning from venesection in the treatment of this disease. Later on, active catharsis and blisters were employed in

conjunction with the bleeding, the blisters being large enough to cover the entire part affected. In 1824, Laenec, deploring the effect of the depleting treatment, advised the use of tartar emetic in doses of $\frac{1}{4}$ gr. to $\frac{1}{2}$ gr., till 10, 15 or 20 grs. a day were given. He also combined calomel with his tartar emetic.

In 380 cases of pneumonia, 20% of those treated by bleeding died, 11% treated by tartar emetic were fatal, while where no medicine was given, the patient being well cared for by food, air, etc., only 7% failed to recover.

Jones and Morrow's practice was in hands of Eclectic physicians from 1850 to 1865. They advocated hot applications—such as the linseed poultice, the sudorific tincture—the formula of which may be found in King's Dispensatory, under the name of Compound tinct. of *Serpentaria* and *asclepias tuberosa*. If the patient was not relieved by this means he was given a lobelia emetic, this being one of the best remedies to affect the general condition of the patient. I have not used the lobelia emetic for twenty years, notwithstanding that it is better than what I am now doing; but you cannot do to-day as we did in the olden time. Then, again, in those days we made use of the cupping glass instead of the blister, and strong doses of composition tea. Almost invariably we made use of the Eclectic cathartic comp.—podophyllin, leptandrin and sanguinaria.

I will cite a case that my preceptor took me to see in 1857. Young man, 19 years old, stocky, hardy, a farmer's son, was suffering from pneumonia, and in desperate condition. The doctor had been giving large doses of *asclepias*, but he was not expectorating. He ordered a bowl of composition tea, very strong, every three hours, and a wineglass of whiskey every hour. If he seemed to be sinking they were to double the amount of whiskey. When we left the house he asked me what I thought of the treatment. I replied, "Our family doctor would say 'It would kill him.'" "Well, he will be better or dead to-morrow morning." The next morning he was better.

To-day, in such cases, we would give nitroglycerine, strychnine, champagne, etc. We did not know pneumonia then as we do to-day. In treatment to-day, *veratrum viride* is of prime importance in controlling the heart action. Use in 5 gtts. doses until the pulse comes down, then continue in smaller doses. Its action must be watched closely. Antiphlogistine is used now in place of the onion poultice. If the question of catharsis comes up, the enema, with plenty of castor oil and a stimulant, will do the work very nicely. *Asclepias tuberosa* is always indicated; bathing should be thought of. I have never used the cold packs. It requires much skill and the closest observation to use them properly. The patient should be placed in a cool room with plenty of good air. The shoulders should be somewhat elevated, as this renders the breath-

ing more easy. If the heart is flagging, use strychnine, but with care. Nitroglycerine is also to be remembered; 1-400 gr. once an hour is better than 1-100 gr. once in three hours. Don't wait for the specific indications for its use, but employ it as soon as feebleness manifests itself in the heart.

Another case, some ten years ago, was a man who was very sick. I thought he could not recover. For seven days he was hardly conscious. He had pneumonia in the right lung. His temperature kept up for fourteen days, at times running up to 106 degrees. His wife took excellent care of him. After a while he began to rally, and soon recovered. Four months afterward he was examined by one of our prominent physicians for life insurance and was passed, there being no signs whatever of the recent attack of pneumonia. I would like to call attention right here to the fact that to-day we are losing many cases of pneumonia when the amount of lung tissue involved is very small. Without doubt, sepsis is largely accountable for this fatality.

The subject was discussed as follows:

Dr. Perrins.—I have been much interested in listening to these reminiscences of the early treatment of pneumonia. I believe that veratrum is a very valuable remedy, but it must be used with much care. Many times we are obliged to leave our patients in the care of those who are not competent to determine when the large dose of veratrum should give way to the smaller one. My plan is this, and I find it practical and safe: I add xxx gtts. tinc. veratrum viride to aqua \mathfrak{z} iv, and direct that a teaspoonful be given every fifteen minutes for the first hour, then every half hour for the next two hours; afterward every hour. By this plan you do not have to depend upon the judgment of the nurse. I was interested in the early treatment, particularly the statistics which showed the results of different methods of treatment. I do not believe that the expectant treatment without medicine is so good as when it is combined with judicious medication. We make use, to-day, of many powerful agents. We should be careful that they are so administered as not to produce any harm by intensifying the disease being treated.

Dr. Allen.—Onion poultice may be very good, but I believe that a large blister will be of greater service. Lobelia, with a heart stimulant, makes a good expectorant. Asclepias tuberosa in good-sized doses will cause your patient to perspire every time. Echinacea should not be forgotten for the septic conditions. Let your patient have plenty of cold fresh air, and see that he is well nourished.

Dr. O. W. Brown spoke of an epidemic of pneumonia among the children in a hospital where she was once an attendant. In many instances those who were very sick, and it was thought would die, recovered, while those who were not so sick died. In most

of the latter there were frequent discharges from the bowels of a diarrheal nature. She inquired if there was anything to be done to control such conditions. Dr. Miles referred to the use of echinacea and the injection of turpentine by means of the high rectal tube. Rub up your turpentine with glycerine, then add the water, shaking well. Dr. Allen stated that the turpentine could be stirred up with flour and then it would mix with the water.

Dr. Denkinger called to our attention the statement of a prominent physician in Chicago, who declared that there was not a single remedy which had ever been used which was good for anything in the treatment of pneumonia. He was not willing to endorse that statement, but thought that good air, good care, proper diet, and judicious medications for the various symptoms, with a careful oversight of the heart, stimulating it as needed, would be productive of the best results.

Dr. Howes reported two cases in which large doses of whiskey and champagne, respectively, had doubtless saved their lives. He would not advise these stimulants as a routine treatment. He believed, however, that at times they were absolutely necessary to secure the best results.

PITTS EDWIN HOWES, M. D., Secretary.

Eclectic Medical Society of the City and County of New York.

New York, December 21, 1905.

The Eclectic Medical Society of the City and County of New York met in the college auditorium at 9 p.m., to transact its regular monthly business, President Heeve in the chair. The reading of the minutes, on motion, was approved. A communication from the Kings County Eclectic Society, extending an invitation to the New York Society to attend their annual meeting on Monday, February 12, 1906, at "The Assembly," 153 Pierrepont street, Brooklyn, at 2 p.m., was received. On motion the invitation was accepted, and the society resolved itself into a committee of the whole to attend.

Dr. Lloyd, the secretary, read his annual report, and on motion it was accepted and placed on file.

Dr. Thompson, the treasurer, read his annual report, and on motion it was referred to the auditing committee, consisting of Drs. Hardy and Birkenhauer.

The committee on nominations presented the following names for election as officers for the ensuing year:

For President—Dr. V. Sillo.

For Vice-President—Dr. S. R. Schultz.

For Secretary—Dr. C. Lloyd.

For Treasurer—Dr. Geo. W. Thompson.

For Censors—Drs. W. L. Heeve, Hyde, Birkenhauer, Scaison and Carrie Brandenburg.

The report of the committee was accepted, and a ballot was cast, declaring all the nominees elected.

The following committees were appointed, after the new officers were installed by Dr. Geo. W. Boskowitz:

Permanent or Literary Committee—Drs. Neilson, Harris and Hyde.

Advisory Committee—Drs. Hardy, Krausi and Herzog.

A vote of thanks was tendered to the retiring officers.

In the report of cases, Dr. Graff described a case where the gums were very much affected by the poisoning of calomel. Dr. Hyde exhibited a specimen of cotton-wool that he had used in preference to any other he had met with.

The essayist of the evening was Dr. O. Hyde, who read a lengthy paper on the affections of the foot. Discussed by Dr. Geo. W. Boskowitz, who said that the causes of many deformities of the foot were due to bad footgear and improper fitting. He spoke of sweaty feet, and said that in his experience local applications were no good. He recommended the third trituration of silicia, dose one grain every four hours, with scraping and rubbing of the skin of the feet, occasionally, for a week or two.

Dr. Schultz said he had tried the same remedy with success. A 1% solution of potash permanganate increased 1% each day for six days, until 6% is reached, continued for one or two weeks, both of which may be used at the same time, was recommended.

A vote of thanks was given to Dr. Hyde for his paper.

Dr. Kempton, a visitor from Buffalo, was given the privilege of the floor. He responded with a few interesting remarks.

On motion, the society adjourned.

C. LLOYD, M.D., Secretary.

New York Specific Medication Club.

New York, December 14, 1905.

The regular monthly meeting of the New York Specific Medication Club was held in the college parlors, Thursday evening, December 14, Dr. M. B. MacDermott presiding. A large number of members responded to the roll call.

Dr. Wyatt-Hannath read an essay entitled "Chimaphilla Umbellata." The paper was discussed at length by Dr. Krausi, who lauded the action of the remedy in auto-intoxication. Comparing it with veratrum viride in this condition, he expressed the belief that it was superior to the latter remedy, going a step farther than American hellebore in not only neutralizing noxious material, but eliminating it as well. He had experienced excellent results with pipsissewa in secondary syphilis with marked glandular infiltration, had found it useful in glomerulous nephritis and glandular inaction in general. He believed it of value in allaying nervous irritation in such conditions.

Dr. Boskowitz, in discussing the drug, said he had almost entirely discarded it of late, having found *phytolacca* and *iris* far better deobstruents. He called attention to an article in the state transactions in which Dr. Fox had reported good results with *chimaphilla* in bubonic plague.

Dr. Heeve had noticed good results with a combination of *chimaphilla* and *berberis aquifolium* in removing the morbid products absorbed from cancer after X-ray treatment.

Dr. Lloyd had found the remedy useful where there was pus and mucus in the urine. He likened the remedy to *baptisia* in its ability to retard degenerative processes. He cautioned against the many inferior preparations on the market.

Dr. Krausi again called attention to its value in tuberculous adenitis, when combined with such hepatic stimulants as *podophyllin*, *iris* and *leptandra*.

Dr. C. W. Brandenburg uses the drug in infusion, together with *uva ursi*, in cystitis and nephritis.

A unanimous vote of thanks was extended to Dr. Hannath for his paper.

Dr. Heeve called attention to the difference in formula given by Eclectic authors for the preparation of the compound syrup of rhubarb and potash.

Dr. Boskowitz moved that a committee of five be appointed to investigate the matter.

The motion was carried without dissent, and the chairman made the following appointments: Drs. Heeve, Harris, Wyatt-Hannath, Lloyd and Noack.

Dr. G. W. Schaefer was chosen chairman for the January meeting.

Respectfully submitted,

H. HARRIS, M.D., Secretary.

Book Reviews

Preventive Medicine. Including a Disquisition on Therapeutic Philosophy, by William Colby Cooper, M.D. Price, \$1.00, post-paid. Address Scudder Brothers Co., 1009 Plum street, Cincinnati, O., or Dr. W. C. Cooper, Cleves, O.

This little book of a hundred and fifty pages, by one of the cleverest writers in the Eclectic School, is brimful of solid common sense and therapeutic philosophy. You smile at the peculiar way Dr. C. has of putting things—not particularly modest, but certainly very forceful. One cannot help but think that he believes that he is right, and isn't afraid to say so. It is a little book, but you do not finish it in one evening. It makes you stop and think, and you peruse it over again and again. We advise our readers

to send a dollar to Dr. W. C. Cooper, of Cleves, Ohio, feeling sure that they will receive full value for the money.

Minor and Operative Surgery, including Bandaging. By Henry R. Wharton, M.D., Professor of Clinical Surgery in the Woman's College; Surgeon to the Presbyterian Hospital, Philadelphia, etc. New (6th) edition, enlarged and thoroughly revised. In one 12mo volume of 642 pages, with 532 illustrations. Cloth, \$3.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

This is a very handy, concise and beautifully illustrated work upon the above-named subjects. To the advanced student who desires to practice operative work upon the cadaver it will prove an invaluable assistant and guide, and we gladly recommend it to our classes.

Transactions of the Ohio State Eclectic Medical Association for the year 1905, including the Proceedings of the Forty-first Annual Meeting held at Columbus, May 2, 3, 4, 1905, together with the addresses, reports, papers and essays presented before the several sections, edited by the committee on publication. Published by the Association. 1905.

This is a volume of nearly four hundred pages, containing many fine articles, addresses, and a record of the work of the association. Several portraits of past and present officers of the society adorn the book. Ohio publishes a volume of transactions yearly, and in that way adds very much to the history and growth of Eclecticism generally.

It is an example that it would be well for other state associations to follow. The committee on publication is to be congratulated for presenting so creditable a volume.

Items

By some mishap the printer failed to put the name of Doctor John T. Sibley as the author of the paper on "The Early American Psycho-Therapeutists", on page 316 of the December Review.

On page 318, in Dr. Hannath's article, the os internum was described as being 4 inches long, instead of $\frac{1}{4}$ inch.

Read carefully President Krausi's notice of state meeting, and "govern yourselves accordingly."

There is a fine opening being offered just now to an up-to-date, energetic medical man. To one who is willing to invest a moderate amount of capital for purposes of special equipment, and

the adoption of modern publicity methods, a copartnership will be given in a fine paying, old established practice in one of New York's most populous districts. Communicate immediately with J. W. R., 400 St. Nicholas avenue, corner of 130th street, New York City.

After three years' practice at Slate Hill, New York, Doctor Max H. Skou has returned to New York City and opened offices at 500 West 122d street.

The Beachonian reception and ball, held January 12, at the Lexington Opera House, was a decided success. The committee in charge deserves great credit.

Fine location for an Eclectic hustler at Slate Hill, New York.

The mock trial proved both interesting and instructive.

The president of the bowling club made a fine expert witness.

The attending surgeon made busts, not bandages, of plaster of paris.

The young nurse was an excellent witness.

The pianist and his friend, the undertaker, furnished plenty of amusement.

It looks as though some people believed the National had money to burn.

Note the new advertisements in this number, and write for samples and literature.

Start the year right. For your convenience, subscription blank will be found in the advertising pages.

The New York Physical and Surgical Hospital is conveniently located and nicely equipped. Remember it when you need hospital accommodations.

Dr. Charles B. Graf has opened offices at 117 Second avenue.

Dr. James Slamowitz has opened offices at 223 Henry street, New York City.

"The Culturist," edited by Walter Hurt, devoted to ethics, sociology, economics, metaphysics, esthetics, and the science of rational living, will this year contain several articles by our friend, Dr. W. C. Cooper, of Cleves, Ohio. The Culturist is an exceedingly interesting magazine, and we heartily recommend it to our subscribers.

We are pleased to note the following adv. in the daily papers. It is a move in the right direction:

"Operators on sewing machines who are desirous of securing work under healthful surroundings, in a factory located in the Adirondack Mountains, may apply by letter to J. P. Baumann & Sons, 87 and 89 University Place, New York City."

For want of space we were unable to print any selections in this issue.

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

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Our State Meeting.

Before the next number of the Review reaches you our State meeting will be a thing of the past, and its success or failure will depend upon the rank and file of the Eclectics in this State. The officers have worked hard and present a most interesting and instructive program.

The literary and scientific part of the meeting is an assured success, but we must have a good attendance.

The men and women who believe in the principles of Eclectic practice must be brought to realize that something more than nice words is necessary at this time. We must stand up and be counted. There are those in the State who believe that the differences in the schools are disappearing or have disappeared.

Indifference and non-attendance at these meetings gives seeming assent to these statements, which we can best controvert by having a large and enthusiastic meeting in Albany on March 7th and 8th.

Specific Medication.

The young Eclectic who wishes to become a successful practitioner of specific medication should constantly bear in mind the importance of becoming well grounded in the normal processes of life, for in specific medication an endeavor is made to adapt therapeutic means to rational ends. In the practice of this system of medication the prescriber must possess a good knowledge of physiological processes, in order that remedies may be properly applied and adapted to the needs of the system. This knowledge is absolutely necessary if we hope to promote the performance of vital functions and avoid injury to the general system. The practitioner of specific medication must be a close observer of physiological, as well as pathological processes, and a pains-taking student of details. The specific medicationist must learn the language of health as well as that of disease, and be able to interpret them at the bedside. Symptoms, when correctly understood, may be taken as unerring indicators of the nature of departures from health. A certain symptom—disease expression—is always indicative of a certain

wrong of life. All physicians are guided by symptoms in making a diagnosis, or, in other words, in their attempts to ascertain the nature of the sickness afflicting a patient. As is universally conceded, symptoms direct us to a correct diagnosis, and they are equally reliable as guides to the needed remedial agent. The student should remember that each of these symptoms manifests to our senses a certain part of the morbid phenomena which we call a disease. Instead of attempting to treat all of these symptoms—the sum total of the disease—at the same time, regardless of their separate characteristics, the specific medicationist should give but little attention to the disease as an entirety. While it is, in many ways, desirable that all diseases should be carefully diagnosed in accordance with the generally accepted nosology, such diagnosis should not be allowed to govern the treatment. On the contrary, before prescribing the disease must be carefully analyzed and divided into its component parts, as they are manifested by the symptoms. The condition of the blood must be inquired into, and the frequency of its circulation ascertained. The temperature, the secretions and excretions, and the power of digestion also must be given careful attention. These, as is well known, vary greatly in different cases of diseases of the same name. These variations must receive thoughtful consideration, and the case treated in accordance with the varied conditions of each individual patient. In considering the frequency and condition of the circulation, the fact must be recognized that the circulation may be feeble, as well as it may be strong, that the pulse may be hard or soft, sharp or oppressed, giving evidence of troubles other than frequency, and that these varied conditions of the circulation each require special treatment.

Each of the component parts of the patient's illness having been duly and thoughtfully reviewed in this systematic manner, the indicated remedy is readily selected with an unusual degree of certainty.

J. W. F.

The Consumptive Poor.

The Committee on the Prevention of Tuberculosis of the Charitable Organizations of this city has issued a timely circular in which it calls public attention to the evil consequences resulting from the practice of sending poor consumptives to California, Arizona, Colorado and other places. In part the Committee says:

"Extensive experience has taught us that, difficult as it may be for a poor man to recover from tuberculosis in this city, he is better off here among his friends and relatives, where there are more adequate hospital and dispensary facilities, than he is far from home, where he is thrown entirely upon his own resources and where the great number of consumptives willing to work at the lowest wages makes the finding of employment, especially of

suitable employment, almost impossible.

"Favorable results from climate can hardly be looked for unless at least \$10 per week can be spent for board and lodging. The stranger, who has spent a large part of his savings on railroad fare, soon finds himself without work, living in the poorest rooms, eating the scantiest and cheapest food.

"The practice of advising the removal to other climates thus defeats its own aims and casts upon the charity of other communities a burden which they should not and cannot sustain.

"We invite the coöperation of the medical profession, therefore, in preventing persons suffering from tuberculosis from being sent to other states unless, (a) They are physically able to work and have secured in advance a definite assurance of the opportunity to perform work of a proper character at wages sufficient for their suitable support; or (b) unless they have at their disposal at least \$250 in addition to railroad fare."

The question of how to improve the condition and treatment of victims of the "great white plague," naturally engages our attention and most kindly thoughts. The rich can go whithersoever they please and receive the most modern and most skillful medical treatment, but the poor consumptive, unless charitable organizations provide suitable facilities for his case, can obtain no such consolation. In this connection it may be well to call renewed attention to the noble work which the Salvation Army is doing along this line in Colorado, where it is maintaining an institution for the care and treatment of indigent persons suffering from tuberculosis. The noble work of these men and women should receive the aid and encouragement of all charitably disposed persons.

J. W. F.

Chronic Diseases.

All physicians are called more or less frequently to treat what are termed chronic diseases. Indeed, many times, it happens that a young physician, just starting out in his professional life gets the first uplift in his reputation as a skillful doctor by curing some chronic case which has gone the rounds of many physicians without benefit.

How does this happen? Principally because the young doctor has plenty of time to devote to studying up the case, and, hence, is more likely to get at the prime cause which lies at the root of the difficulty. If the main cause can be obviated, then the rest is plain sailing, provided you impress your patient with the necessity of having plenty of time in which to perfect the cure.

Many of the acute diseases can be properly treated with very few remedies if they are carefully selected. Not so, however, with those of a chronic nature. Here the physician must have a minute

and extensive knowledge of the *materia medica* if he is to successfully cope with chronic disease.

Without doubt, the Eclectic school furnishes the largest number of physicians who should be specialists in chronic diseases.

We, as a school, spend more time in studying drug action, and the effect of different sized doses of the same drug, and so are peculiarly fitted to cope with the insidiousness of chronic maladies.

While the confidence of your patient is of great moment at all times, it is of the greatest importance with your chronic patients. Without this you are doomed to disappointment. With it you have one of the strongest aids to success.

Just a word to the "Review" readers. *Cultivate your "chronic cases."* Examine them carefully and exhaustively. Constantly increase your knowledge of the *materia medica*. Apply the knowledge thus gained to all who consult you. Almost before you realize it you will become so skillful in the treatment of chronic cases that you will be looked upon as an expert in that line of work. It is worth striving to attain such a reputation. P. E. H.

Original Articles

Importance of Examining the Urine.

BY J. R. BORLAND, M. D.

I am induced to write this article by a recent and rather humiliating experience. A few weeks ago I was called to see a lady, aged about 60 years, who was suffering from bronchial asthma. A year and a half previous I treated her for a severe attack of the same trouble, and she did not have any serious attack since, till the time above mentioned. She had a weak heart. I gave her antispasmodics, expectorants and heart tonics. The remedies did not give the expected relief. I thought it strange she did not improve. One morning, upon visiting her, I suggested to the attendant that she secure a sample of the patient's urine. That evening I called and got the sample. I could see no perceptible change, nor did I anticipate a fatal termination. One peculiarity was she could lie prone in bed, which is unusual for asthmatics. She was found dead in bed the next morning—had evidently died without a struggle. I had not yet examined the urine, but when I did found it contained a large quantity of albumin and renal casts. I was dumbfounded. Had I examined the urine when first called, the pathological condition of the kidneys would have been discovered, and, during the three weeks I treated her, remedies for that condition administered.

I read medicine with a physician who gave much attention to diagnosis by an examination of the urine. Although he did not have the facilities, instruments, etc., which are in use to-day, yet

he seemed to arrive at a diagnosis by intuition, or some occultism I never could attain. I have practiced it, during all my professional life, and it has helped me over many hard places in correcting or confirming the diagnosis. I will say here that there is no method by which liver, kidneys, bladder and some other affection can be diagnosed in their early and curative stages, as readily and positively, as by an examination of the urine. I know of what I speak. No false modesty or fastidiousness should be allowed to stand in the way.

It is not always necessary to make an exhaustive examination of the urine, but to ascertain its abnormal constituents, the more important of which are, in point of order: Albumin, sugar, bile, blood, fibrin, fat, leucin, tyrosin and the urinary deposits or sediments, as urea, uric acid, urate of ammonia, phosphates, etc.

Purdy says: "The recent advances in the knowledge of physiological chemistry, with the more extended and refined use of the microscope, have lent great precision to the study of the composition of the urine, and thereby furnished us with a keener insight into the relationship of the urine to the organism, both in health and in disease. The variations in nutrition and waste are accurately recorded in the urine hour by hour, and by an intelligent interpretation of modern methods of urinalysis these physiological tides may now be read as accurately as we can number the pulsations of the heart. By the same methods we are now enabled to measure the hourly inroads upon the organism made by diseases with a precision often greater than is afforded by the pulse or clinical thermometer, because the urine, more eminently than any other secretion, represents the equation of these changes."

In addition to a knowledge of the abnormal constituents and the various sediments of the urine, one should have a knowledge of their *clinical significance*—the clinical import of albumin, sugar, uric acid, urate of ammonia, blood, pus, etc.

I might give many illustrations of the advantages to be derived from urinary diagnosis and the benefit to be derived from it, but will give but one. One day last June a man who lived in a neighboring town and for whom I had done some business in past years, came into my office with one of his neighbors. Said he had been ailing and taking treatment from a young physician of his town for two months, who pronounced the trouble dyspepsia;—that his treatment did not seem to be of any benefit. Hardly anything he ate would stay on his stomach. I examined him carefully, and had I not examined the urine would have been just as much in the dark as the other doctor. I was not satisfied that I had reached the basic cause of his trouble, therefore had him void some urine, and, upon making the examination, was surprised to find a considerable amount of albumin and renal casts. I told him he was in a very serious condition, that it was the kidneys that were at the bottom

of the trouble. He desired treatment, and I gave him some, and told him if that did not relieve him he had better go to some one else. His friend desired to know what I thought of his case. I told him: "The man has *desquamative nephritis*, or, in other words, *Bright's Disease*. There is no hope. He will probably die in three or four weeks." This friend told the physician who had been treating the patient what I had said, and he then did what he should have done before—examined the urine, and, with reluctance, confirmed my diagnosis. He could not keep the medicine I gave him down. Then another physician was called in consultation with the one who had first treated him. He died in less than four weeks after he was to see me!

There are many works on this subject, among which I would name and recommend "King's Urological Dictionary," and "Purdy's Practical Urinalysis," as among the best.

Whitney's Reagent (Solution Ammonio-Cupric Sulphate) is the most convenient, and approximately, the best test for sugar, as it can be made in three minutes.

Franklin, Pa.

The Treatment of Pneumonia.

BY ELI G. JONES, M. D.

In 1902 there were 8,000 persons died of pneumonia in New York State, and in 1903 2,628 died from the same disease in New Jersey. When a student of Eclectic medicine in 1867 I was taught to believe that the mortality of the above disease under Eclectic medication was not over two per cent. Many years of experience with the worst forms of this malady in northern New England and New Jersey have convinced me that it is a disease that can be treated successfully under proper treatment, and that the death rate need not be over two per cent. I know that many doctors fear pneumonia and claim that there is no cure for it. If a cure is made, then it must be a mistake in diagnosis. It seems to me that any physician of ordinary intelligence can diagnose a case of pneumonia, so I will not take up space by giving the symptoms of the disease. If called to an adult suffering from this disease in the first stage (engorgement), I apply the compound powder lobelia on a greased rag over the chest; change once in twelve hours. It is light, it eases the pain and difficulty of breathing, and makes expectoration easier. I have the patient bathed all over night and morning with warm water containing a heaping teaspoonful of Epsom salts to the pint of water. Internally I prescribe: \mathcal{R} . Lloyd's specific tincture aconite, gtts. x.; Lloyd's specific tincture veratrum vir., gtts. xx.; Merrell's fluid extract asclepias tub. \mathfrak{z} i; aqua q. s. \mathfrak{z} vi. M. Sig.: Teaspoonful once an hour; as soon as the prescription causes any sickness to the stomach, then give it once in two hours.

In the second stage of hepatization, I drop the above formula and give: \mathcal{R} . Kali mur $\times 3$ (chloride potassa third decimal trituration), 15 grains in glass of water. Teaspoonful once in half an hour, as long as there is any elevation of temperature, it not only acts as a thermal sedative, but it also removes the croupous exudation. As soon as the tongue becomes moist, I order: \mathcal{R} . Sulph. quinine, grs. xx.; pulv. ipecac, grs. iv. M.: Divide into chart No. 10. Sig.: One once in three hours, with one teaspoonful of *good* whiskey and two teaspoonfuls of water. I do not make a practice of giving much of any physic in this disease; if I did it would be a saline laxative. The temperature of the sick room is kept at about 70° , and I usually have water on the stove in an open vessel, with some vinegar in it. It keeps the air moist and the patient breathes better for it. In regard to the diet, I depend mainly on beef tea, made as follows: Cut up a pound of lean beef in small pieces, and put it in an open fruit jar; put the jar in a kettle; have the water in the kettle come up round the jar; let the water boil about three hours. Then pour the beef juice out of the jar; season it to suit the taste of the patient. Give from one to two teaspoonfuls of this tea once in three hours. Malted milk, buttermilk, or a dropped egg may also be given. The above treatment may seem rather simple, yet it has helped me to cure my patients, and I can truthfully say I am one of those who do *not fear pneumonia*.

New Brunswick, N. J.

Chimaphila Umbellata.

BY W. H. WYATT-HANNATH, M. D.

Read at the January meeting of the New York Specific Medication Club.

Chimaphila umbellata. N. O. Ericaceae. Common names, Pipsissewa, prince's pine, ground holly, wintergreen is indigenous to the northern temperate regions of both hemispheres. It grows in the United States in dry shady woods. It is a creeping evergreen perennial plant, with a rhizome giving off erect and semi-recumbent stems four to eight inches high; its leaves are dark green, not mottled, two or three inches long and about one-fourth as wide. Its flowers are purple and are in bloom from May to August. The leaves have no odor when dried. When the fresh leaves are rubbed the smell is fragrant, the taste astringent, sweetish and not disagreeably bitter.

The active properties of the plant, chimaphelin and arbutin, are extracted by boiling water and alcohol. *Chimaphila maculata*, spotted wintergreen, which has olive green leaves, veined greenish white, has similar properties, and might be used for the same purposes as pipsissewa. Dose: Ellingwood, fluid extract m. 30-120; specific m. 5-60; Fyfe, fluid extract m. 30-60; specific m. 5-60. The infusion of one ounce of the whole plant to one pint of boiling water,

dose 1 to 4 ounces, three times a day, is the best method of administering it.

Peacock (Am. Jour. Pharm., 1892) says that he could not get chimaphelin from the fresh plant, but obtained it in the ordinary way from dry by distilling with water; in 1895, however, Ridenour obtained it from the fresh plant.

Medicinal uses.—It has marked alterative qualities, waste and nutrition being greatly influenced. It is a tonic and a diuretic, removing dropsical effusions, and is specially useful in lesions of the skin and lymphatic glands. It may be given in scrofula, chronic rheumatism and nephritic affections. It removes irritation of any part of the urinary tract, the more pronouncedly catarrhal the condition the more valuable the drug. In short, it may be given with the expectation of relief in any disease of the kidneys, inflammation of the bladder or urethra, enlarged prostate, suppressed, ropy or bloody urine. It is useful in hectic fever, with night sweats, and in typhoid.

Its specific symptomology is glandular lesions with urinary disarrangement, and, since it seldom disagrees with the stomach, it is one of the most valuable remedies known for these conditions.

The fresh leaves bruised, when applied to the skin, are rubefacient. The drug goes well with saw palmetto, and is a vehicle and adjuvant to hexamethalme-tetramine.

126 West Forty-fifth Street, New York.

Cimicifuga Racemosa.

BY J. B. HARVEY, M. D.

This root grows from Canada to Florida in shady and rocky woodlands.

This drug, introduced by the older Eclectic physicians, has at last a place in many of the modern pharmacopeae. The general action is no doubt familiar to all within my hearing. As a nervine, narcotic, anti-rheumatic, tonic and anti-spasmodic, we all used it, but I desire to emphasize its action upon the *uterine* and *reproductive* system and its prompt and permanent relief to many of the functional pains of the same.

Its specific indications follow: Muscular pain constant and drawing, but not paroxysmal, hot, dry skin and constricted pulse, rheumatic fever, etc. Generally speaking when a patient complains of a soreness in the muscles, I think of Cimicifuga.

Some time ago my attention was called to its action upon the uterus in one of our journals and the account was so glowing that I commenced using it and am at present a warm advocate of it.

It certainly exerts a pronounced astringent action upon the uterus and in some way seems to improve its nourishment. I generally give 5 drops of an ordinary Fl Ex *reliable* make, four or more time a day and depend upon it *alone*; in other words, do not combine it with other uterine tonics. It enters into a great many

prescriptions of mine and is the *chief* ingredient when I want to tone up the reproductive system.

This drug was introduced to the profession by the Eclectic school and the fact that a great many physicians of all schools use it and recommend the same, proves its worth.

You can pick up almost any standard work and find *Cimicifuga* recommended in nervous diseases, St. Vitus disease of children, chorea, spinal troubles, locomotor ataxia, insanity, melancholia and hosts of other complaints where it is spoken of in the highest praise.

In disease of the stomach, alcoholism, phthisis, it is of service and in the latter case helps allay the cough, facilitates expectoration, sustains the appetite and aids digestion.

In an admirable article in "Shoemaker's *Materia Medica and Therapeutics*" he likens its physiological action to both ergot and digitalis, although not so powerful as either upon the uterus and heart respectively.

I have never used it in heart troubles and cannot speak of its action upon that organ. Shoemaker distinctly says it is *contra indicated* in pregnancy, but it has proved in my hands of great service in many of the pains and aches incidental to a woman in that condition.

It has never produced any bad effect or interrupted pregnancy but on the contrary, in several cases proved beneficial.

Take the case of a woman coming to your office—say four, five, six or more months pregnant beyond the nausea and vomiting state, complains of back-ache, dragging heavy weight and pain in the lower part of the abdomen, or when they have a "crampy" condition of the uterus, due to irritability, add *cimicifuga* to your prescription and it will meet those indications and overcome them in a wonderful manner. I recall a woman with an endocardial murmur, pregnant for the third time, who suffered considerably while carrying the foetus the first two times, and commenced the same way the third time, who was greatly helped with this remedy, the pains very promptly disappearing and the heart strengthened, the dyspnoea decreased, and, generally speaking, made comfortable.

I am frequently consulted by women, prior to their confinement, with pain of a varying intensity and degree, and, when satisfied that it is *uterine*, this is the *drug* upon which I rely. Again, in *uterine pain*, independent of pregnancy, particularly of rheumatic women, it is of service. I have had good results from *cimicifuga* in the discomfort and annoyance of dysmenorrhoea by giving it in five drop doses every hour, in warm water, till relieved, and it always gives relief in a few doses. It forms part of the treatment in leucorrhoea and endometritis, and I have seen it improve, the discharge diminish under its influence, and, where associated with

painful menstruation, the woman would go through that period with comparative ease.

Another case comes to my mind of a young woman suffering with amenorrhoea, who every few months would have convulsive attacks, epileptiform in character, that was decidedly helped in my opinion by this drug.

When a case of "false labor pains" comes under my observation, cimicifuga is the indicated remedy; it helps in some manner to allay the irritability of the uterus and gives prompt relief.

Although it may sound like a paradox, it is the first remedy I think of in actual labor, when the pains are feeble and long intervals exist between the same. It increases the force and frequency of the pains and, unlike ergot, stimulates their intermittent character.

To make a general statement, would recommend it with confidence to the members of this society in cases of functional uterine disorders, where there is pain associated with tenderness or "soreness."

Such has been my experience with cimicifuga for the past two years, and although not extensive, it is sufficient to warrant these statements, which, although not extravagant, are positive and not simply those of enthusiasm.

I have come to regard cimicifuga as a necessity in my every-day practice, and cheerfully recommend it in the above conditions, as a reliable and efficient drug.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Sangatuck, Ct.

The First Row in My Medicine Case.

APIS MELLIFICA.

Indications for apis are frequently found in diseases of the skin, and also in diseases of the bladder and urethra. Women are sometimes afflicted with sensations of heat and burning pains in the bladder and urethra, accompanied by an almost constant desire to urinate. In this unpleasant condition apis is a most efficient remedy, and in fact, in any case when there is itching of the genitals with heat and burning pains in the urethra accompanied by a frequent desire to urinate it is a most useful remedial agent.

In amenorrhoea, menorrhagia and leucorrhoea, with acute congestion of the ovaries, apis is a potent remedy and it also constitutes a useful medicament in vesicular erysipelas.

In urticaria, or "hives," when there is the usual itching or soreness, this drug can be employed with confidence that it will ex-

ert a decidedly curative influence. In the treatment of diseases exhibiting a tendency to dropsy and in rheumatism when there is a blanched puffiness and severe stinging pain, apis renders excellent service. It is also of decided value in oedematous conditions of the throat.

In suppression or retention of urine (unless there is a stricture) apis has no superior in our materia medica. When continued for some time it increases the secretion of urine, and it is, therefore, a medicament to be considered in the dropsy attendant upon structural diseases of the heart. While it cannot be expected to cure such wrongs, it will afford a relief which will be highly appreciated.

The leading specific indications for apis mellifica are as follows: Itching, with burning of any part; hot, dry, burning and itching surfaces; suppression and retention of urine; dropsical conditions; constant desire to urinate, with inability to do so; irritation of the urethra, with burning, stinging pain; inflammations of the subcutaneous structures, with burning, stinging, tensive or lancinating pains.

The best effects of apis are usually obtained by prescribing it as follows: Apis, gtt. v. to xxx, water \mathfrak{z} iv; teaspoonful every hour or two.

The Treatment of Lobar Pneumonia.

The abstracts which follow are taken from an exhaustive article on Lobar Pneumonia which appears in Prof. Rolla M. Thomas' new work entitled "The Eclectic Practice of Medicine." The treatment given being so fully in accord with the latest views of our most eminent practitioners, and the subject being so appropriate to the season, I gladly yield to it a large part of the space of this department of the REVIEW.

"If there is any one disease more than another that shows the superiority of specific medication over the old methods of treatment—and I might also add the present methods that are attended by a mortality of from twenty to forty per cent.—it is pneumonia. The experience of the profession, for the last century or more, is that the more active or heroic the medication, the greater the mortality.

"The expectant treatment, which is *no medication*, has yielded far better results than the old method of drugging, and while we would prefer that to the old, we believe that there is still a much better way.

"Pneumonia is a typical inflammatory disease, and if we have remedies that will overcome these conditions, we certainly have remedies that are curative.

"*General Management.*—Where possible the patient should be placed in a large, sunny and well-ventilated room. Plenty of fresh air must be admitted, though all draughts of air should be avoided. The temperature should be uniform, and not over 68° or 70°. The

patient should have a loose woolen night-dress, and only sufficient covering to keep him comfortable. The care of the bed and secretions must be as scrupulous as in typhoid. Only one attendant should be with the patient.

"*Diet.*—The diet should be liquid and consist of milk in some form or broths, and given at regular intervals. A good table water may be used freely.

"*Medication.*—Wrongs of the circulation occupy the first place in many cases, but not in all. In some, wrongs of the blood itself precede all others; while in another class, wrongs of the nervous system take precedence. Such being the case, conditions have to be met and overcome before we can effect a cure, and it is this prescribing for definite conditions that brings about success.

"If we keep well in mind the pathology of the different stages of this disease, we are not apt to become confused or go far wrong in the treatment. Thus, in the first stage, there is usually an active condition of the circulation; the heart beats rapidly, the pulse being *full, strong, and bounding*; the capillaries become *full* and distended, giving us the stage of engorgement. If we are to relieve this engorged condition, we *must* slow the heart and circulation, and I know of no remedy that will accomplish this end with such happy results as veratrum, if used skillfully. It does not depress and weaken the heart like the coal-tar products, but acts kindly, slows the pulse, reduces the temperature, and relieves the obstructed venous capillaries. Its action is uniform and easily controlled, even in the large dose.

"*Aconite* is the remedy where the heart's action is rapid, but the pulse is small but *hard* and *wiry*. It is generally prescribed in the asthenia of children, while veratrum acts better in the adult. Should the heart be weak, as shown by a small, *feeble* pulse, aconite must not be given, save in the very small dose.

"*Pilocarpus* or *jaborandi* acts kindly where there is high temperature, great excitement of the nervous system, and a dry, hot skin.

"With these remedies as our sedatives, we have the foundation for a successful treatment, for they not only relieve engorgement in the early stages, but materially assist in the removal of the exudates that follow, and, where carefully used, the second and third stages are so modified as to furnish but little need for alarm.

"The indication for the remedies that have been so successfully used in pneumonia is as follows:

"*Veratrum.*—One of the characteristic symptoms of the majority of pneumonia patients is a *full, free, bounding* pulse; in other words, there is an excess of heart power. Now, if we have a remedy that can reduce the force and frequency of the pulse, *without reducing* at the same time the vitality or resisting power, we have a remedy for this condition. Experience proves that we have such

a remedy in veratrum. Our prescription, then, for this active, sthenic condition, as marked by the *full, bounding* pulse, will be this agent, and we will administer it as follows: *R.* Veratrum, ʒss , sulphate of morphia, gr. i, aqua, ʒiv . *M. Sig.* Teaspoonful every one, two or three hours, as the symptoms indicate.

"The morphia used is to counteract the nauseating effects that sometimes follow the use of veratrum.

"*Jaborandi*.—This is the remedy so highly extolled by some Eclectics, where the temperature is high, there is great excitement of the nervous system, and where the *skin* is *hot* and *dry*: *R.* Specific Jaborandi, ʒi , aqua, ʒiv . *M. Sig.* Teaspoonful every hour.

"*Aconite*.—While the average pneumonia patient has a *full, strong, bounding* pulse, there are cases where just the opposite condition exists; the pulse is *small* and *frequent* and shows a defect in the heart's action, *debility*; the heart beats rapidly to make up for want of power. We find this pulse in children and patients of delicate constitution, and frequently in old people. The heart needs a stimulant or tonic; in such cases the *small* dose of aconite slows the pulse and increases the tone of the heart by overcoming irritation and quieting the nervous system. Aconite in the *small* dose is not a depressant. The prescription here will be: *R.* Aconite, gtt. v, water, ʒiv . *M. Sig.* Teaspoonful every hour. Given in this way the heart is not depressed, nor the vitality of the patient impaired. In the place of adding to the load the patient has to carry we have relieved him of a part of his burden.

"These *three* remedies form the foundation upon which we will build a successful treatment.

"*Bryonia*.—This agent has been found of great value in diseases of the chest of an acute nature. When the pulse is hard and vibratile, and when the pain is sharp and lancinating, with flushing of the cheek, and there is a hard, harassing cough, bryonia will be the remedy to give relief. It also favors absorption of the exudate. If the pleura be involved, it is an additional reason for its use. It combines nicely with aconite or veratrum, and can be dispensed with the sedative, or it may be used separately, alternating each hour with the sedative. It should be given in the small dose, not over five or ten drops in half a glass of water.

"*Asclepias*.—This is another excellent remedy in diseases of the respiratory apparatus, and occupies an important place in the treatment of pneumonia. Its acts upon the sudoriferous glands, overcomes the dryness of the skin, relieves the tight, hard cough, modifies the sharp pain, and hastens absorption. It also takes the *edge* off the *sharp* pulse, adds tone to the heart, and quiets the nervous system. To get the best effects, give from five to ten drops in hot water every one, two or three hours. It is especially useful in infantile pneumonia with high fever and dry skin.

"*Ipecac.*—Ipecac, if given in small doses, is one of our best remedies in overcoming irritation of the mucous surfaces; and in children, where there is an irritating cough and the child is unable to obtain rest, the small dose, say five or ten drops in half a glass of water, a teaspoonful every hour, will be found of great value.

"*Lobelia.*—I would hardly know how to treat infantile pneumonia without the small dose of this old but valuable remedy. In those cases where the finer bronchioles become choked with the exudate, and the child's breathing is labored, and there is a mucous rattle, I know of no other agent that can take its place. In the adult, there is labored respiration, a sense of fullness and weight and oppression about the heart, while the pulse is oppressed or small and feeble. There is increased secretion of mucous in the respiratory passages, but the patient seems unable to remove it. In these cases lobelia, five to ten drops, in water four ounces, a teaspoonful every hour, will give the best results.

"If the patient is seen early, few cases will need any other than the above-named remedies, and the mortality will be very low.

"*Occasional Remedies.*—*Macrotys.*—When the patient complains of muscular soreness, or where there is a tendency to rheumatism, macrotys will prove an excellent agent; ten to twenty drops, in water four ounces, a teaspoonful every hour.

"*Sanguinaria.*—This is a good remedy where there is a tickling sensation in the throat, resulting in an almost constant paroxysm of coughing. I like the action of nitrate of sanguinaria here better than that of the tincture and give: *R.* Sanguinaria, gr. $\frac{1}{4}$, aqua, simple syrup, aa. \mathfrak{z} ii. *M.* Sig. Teaspoonful every hour.

"*Phosphorus.*—Where the pulse is small, the skin cool, and temperature subnormal, this is a good remedy to start up the fires and give the patient a chance for his life. Very rusty sputum is also an indication for this agent.

"*Sticta Pulmonaria.*—Where the patient has a hard, racking cough, with pain in the occiput and between the shoulders, we should not forget this remedy; ten to thirty drops, to water four ounces, a teaspoonful every hour.

"*Complications.*—*Gastro-Intestinal.*—In some cases there is great irritation of the stomach and bowels; so much so that neither food nor medicine is retained. The tongue is red at the tip and edges, and it is narrow and elongated; there is nausea and vomiting and retching, tenderness on pressure over the epigastrium, and frequently diarrhoea. Respiration is shallow and painful; skin dry and constricted. Fortunately the remedies to give relief to this irritable condition are also useful for the primary lesion—aconite and ipecac, with a sinapism over the epigastrium. If the nausea persists, bismuth in mint-water will be useful. Small bits of ice may be held in the mouth, thus allaying the thirst and quieting the nausea.

"In place of this condition there may be atony; in either case,

absorption of food and remedies is prevented. Here the tongue is broad and pallid, with paleness of the mucous membranes, or there may be a heavy, pasty coating upon the tongue. The temperature is not so high as in the former case, nor the cough so continuous or harassing.

"Nux Vomica.—If the tongue be broad and pale, with pallidity of the mucous surfaces, five to ten drops of nux, in water four ounces, a teaspoonful every hour, will be good medication.

"Podophyllin.—If the tongue be broad and full, with a dirty, yellow coating, and a sense of fullness of the abdomen, and if there is a dirty, yellow, doughy skin, the bowels sluggish, the respiration oppressed, the superficial veins full and prominent, podophyllin will do good service. It may be given in one-half-grain doses every two, three or four hours, till the bowels open and the tongue cleans, or we may use the second trituration, three to five grains, in the same way.

"Antiseptics.—During some epidemics, there seems to be a tendency to sepsis, and the symptoms are of the typhoid type. The principal remedies in these cases are the antiseptics.

"Sulphite of Sodium.—Where the tongue is moist, with a nasty, dirty coating, a saturated solution of sulphite of sodium in tablespoonful doses every three hours, is a most excellent remedy.

"Chlorate of Potassium.—Where the tongue has a moist, yellow, pasty coating, with a fetid breath, a saturated solution of potassium chlorate and phosphate of hydrastin, will be the best remedy.

"Acids.—If the tongue be dry and brown, with redness of the mucous membranes, then hydrochloric acid, C. P. gtt. x to xx, to water and syrup, aa, two ounces, teaspoonful every two hours, will replace the alkalies.

"Echinacea.—When the tongue is full and of a dusky hue, and the tissues of the same dusky color, echinacea from one to two drams, to water four ounces, a teaspoonful every hour, gives good results.

"Baptisia.—The tissues appear as though frozen, are full and dusky; the tongue is full and purplish in character, while the expectoration is dark, thin, and of a prune-juice order; there is diarrhea of an offensive character,—with these conditions, baptisia becomes a prominent agent; ten to thirty drops of the tincture, to water four ounces, a teaspoonful every hour.

"Wrongs of the Nervous System.—Irritation of the nervous system, with a tendency to meningitis, will give us the flushed face, bright eyes, and contracted pupils; the patient is restless, uneasy, and wakeful; the temperature is high. To the appropriate sedative we add ten to thirty drops of gelsemium, and give a teaspoonful every hour.

"Rhus Tox.—Where there is irritation of the cerebro-spinal centers—as will be shown by the sharp stroke of the pulse, the

restless, irritable condition, the sudden starting in the sleep, the contracted and pinched features—*rhus tox.* will be our most valuable remedy; five to ten drops, in water four ounces, to which has been added aconite five drops; a teaspoonful every hour.

"Belladonna.—There is not infrequently marked capillary congestion. The pulse is obstructed and feeble, the face is flushed and dusky, the extremities are cool, the eyes dull, and the pupils dilated, where the patient is inclined to doze or sleep most of the time. With these evidences of general congestion, we give belladonna gtt. x, to water four ounces, a teaspoonful every hour.

"Quinia.—If periodicity is a marked feature and the tongue is moist, quinia and hydrastin will prove beneficial.

"Strychnia.—Where there is a feeble pulse, with tendency to heart failure, strychnia, one-thirtieth grain every four or five hours, is demanded.

"Local Applications.—It will be difficult to convince some of the older practitioners that a pneumonia patient will do as well, if not better, with a light flannel bandage over the chest, than the muslin-jacket or the old hop-poultice. I am sure that many patients have been harmed by the improper application of the poultice. Where they are allowed to grow cold, there is great danger of chilling the patient. If they *must* be used, always have *two* poultices made, and while one is on the patient, the other may be in a steamer on the stove, and as soon as one *begins* to get cold, have the hot one at the bedside, so that it may immediately be placed upon the chest as the other is removed.

"A better plan, however, is to spread a flannel or cotton cloth with lard and dust emetic powder over the surface, and after heating this, envelope the chest; or, if but one lung be involved, cover the affected side. Where the skin is very tender, this powder sets up too great an irritation, and we resort to other measures.

"Libradol spread upon a cloth, and applied hot, will give good results. It should be renewed night and morning. These applications are light, do not oppress the patient, are easily applied, and there is no danger of taking cold while changing them."

A Few Therapeutic Notes.

BY HERBERT T. WEBSTER, M.D.

A remedy which will specifically remove a given pathological condition should receive attention, and merit trial, whatever its source. We really possess few new remedies. The most of our agents have come down to us from the past, though we may now employ them in somewhat different form, and singly, whereas the older idea was to use them in combination. Combinations are not so bad though, even in our times, though we like to use them singly when we can, because we consider the practice more scientific.

I want to call the attention of my readers to a remedy which is

in use by few Eclectics, though I consider it one of the most specific agents I have ever employed. It seldom fails when prescribed rationally. It is as Eclectic as *pulsatilla*, *bryonia*, *nux vomica*, *sabal serrulata*, *aconite* or *macrotys*.

It is *sepia*. Given the flushings of the woman during the climacteric, and nothing is more specific. I do not believe it will produce such symptoms when proven, so I do not think it is homeopathic. It has clinically proven itself as a remedy in this condition, therefore it is a specific remedy, and a remedy for specific medicationists. Many of the homeopaths are fine specific medicationists, but they seldom practice homeopathy. Anything about their practice which is specific medication attracts me, but no homeopathy for me. I am, therefore, you see, prejudiced against homeopathy. I am illiberal.

If any of my readers have such patients as I have described, and are called upon to prescribe for these unpleasant flushings, or, as they are usually described, "hot flashes," let them try *sepia*, in minute doses. If they are prejudiced against decimal attenuations let them get around it by attenuating the remedy in some other way than this. All the agent needs is proper attenuation, whether it be by the decimal scale or not. Let it be understood, however, that decimal attenuation is not necessarily homeopathy; it was practiced before the birth of homeopathy, and was borrowed by that school, so we may justly employ it without fear of contamination.

Another excellent use for *sepia* is for the symptom described as "bearing down" in the pelvis. To be applicable, a woman need not have *procidentia uteri*. Many women complain of this symptom who are not disabled so far as the pelvic support is concerned. Women who have never had children and who have been virgins all their lives may be afflicted thus. It is the specific symptom—weight in the pelvis—we are prescribing for, not a lacerated perineum nor a voluminous vagina, bladder or rectum, though in such cases it oftens assists in relieving the symptom—the sensation of pelvic dragging.

I use the fourth, fifth or sixth attenuation. Possibly higher attenuations would do as well or better, though I have never seemed to need them. I usually buy an ounce or four ounces of the 3x, and carry it up myself. A convenient mode of doing this is to use a half gallon earthen bowl, such as is in use in the kitchen for culinary purposes—a common yellow earthen bowl. A wedgewood pestle—or a glass one either—serves. Add a heaping teaspoonful of the third decimal trituration to the bowl, and add nine of sugar of milk, and triturate for twenty minutes or half an hour. Half an hour is better than twenty minutes, for it insures a more thorough mixing. I never weigh the dose. About one-fourth of what will lie on a dime is a fair sized amount, and four or five doses a day will answer.

Though Hahnemann was the first to employ the juice of the cuttle-fish in medicine, the idea was not original with him, as the

ancients used the mollusc itself in the form of decoction for affections of the generative organs, urine and skin—the same departments in which the homeopaths now employ it. It, therefore, is not a homeopathic remedy, any more than it is an Eclectic agent, nor quite as much for that matter, because the Eclectics employ it for its specific action, a method as old, at least, as the time of Paracelsus. The homeopaths, however, have kept us in mind of the old practice, and deserve some credit.

Oakland, Cal.

Treat Bill Perkins, Not Pneumonia.

In an interesting article under the above caption, published in the January number of the *Medical World*, Dr. William H. Russell, of Ipswich, Mass., in reviewing the different methods employed in the treatment of pneumonia, pointedly remarks:

"If Bill Perkins is sick, and his sickness is named pneumonia, shall we treat pneumonia or Bill Perkins? The scientific therapist will answer, treat the condition that you find, regardless of any arbitrary name which may be applied to it. Fit your drugs as therapeutic measures to Bill Perkins and his condition as you visit him from time to time, and change your drugs or other treatment as Bill Perkins' condition changes. It goes without saying that the close observing physician will see that the conditions of the patient, Bill Perkins, require different treatment during the first, second and third stages of pneumonia; therefore, Bill Perkins must be treated, and incidentally his pneumonia.

* * * *

"Brethren, 'Let us have the conclusion of the whole matter:' Study your patients, study your materia medica, and fit your treatment to the individual patient. Bill Perkins may have pneumonia on Wednesday, and he may have pneumonia on the following Sunday, but his condition may require diametrically opposite treatment; therefore, there is no treatment for pneumonia. Bill Perkins must be treated."

Small Pulse, Not Weak Pulse.

Aconite is indicated when there is a frequent and *small* pulse—not a *weak* pulse. The difference between a *weak*—*feeble*—pulse and a *small* pulse should never be overlooked. A *weak* and frequent pulse is one of the reliable indications for ferrum phos.

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Put-in-Bay in June, 1906. J. P. Harvill, M. D., president; Finley Ellingwood, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1906. W. J. Krausi, M. D., president; E. H. King, M. D., secretary.

Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. D. P. Borden, M. D., president; Pitts Edwin Howes, M. D. secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth Street. V. Sillo, M. D., president; Charles Lloyd, M. D., secretary.

Kings County Eclectic Medical Society. Meets annually in February. H. Stoesser, M. D., president; M. B. Pearlstien, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth Street. H. Harris, M. D., secretary.

Boston District Eclectic Medical Society. Meets the fourth Monday of each month, excepting July and August, at "The Thorndike," Boylston Street. A. W. Forbush, M. D., president; Pitts Edwin Howes, M. D., secretary.

Boston District Eclectic Medical Society.

Boston, January 22, 1906.

The forty-fifth annual meeting of the Boston District Eclectic Medical Society was held this evening at The Thorndike, being celebrated by a banquet attended by members and their guests.

The business meeting was called to order by the President, A. Waldo Forbush, M. D., at 8.25.

The Secretary presented the following annual report:

Once again our annual meeting calls us together, and, in obedience to our by-laws, I desire to submit the following epitome of the year 1905:

It has been a good year for this Society. Take it all in all, I think the best during the fifteen years which I have had the honor to act as your Secretary.

Our meetings have been well attended. The papers read and cases reported both interesting and instructive; the discussions spirited and practical. Best of all, harmony and good fellowship has always prevailed.

Early in the year a banquet was tendered to our National Secretary, while in September we joined in a similar manner to do honor to one of our own members, Lillian G. Bullock, M. D., third vice-president of the "National." Pleasant memories are associated with both of these occasions.

We have listened to the following subjects during the year: "Surgical Emergencies," "Salicin," "Cerebro Spinal Meningitis," "Medical Charities," "Physiognomical Aids to Diagnosis," "Suggestive Therapeutics" and "Pneumonia." Their enumeration is sufficient evidence of the wide and useful range of the work accomplished.

Drs. Miles, J. Perrins, Phillimore, Allen, Marstin, E. A. Brown,

Johnson, Ross and Howes have reported cases at the meetings of 1905.

Our membership has been increased by the addition of Drs. Olive W. Brown, William H. Russell, Lillian G. Bullock and Chauncey M. Marstin. By only a little effort, on the part of our members, we could make still larger gains during the coming year.

Nine meetings have been held, those of June, July and August being omitted. They have been preceded by a dinner served in a private dining room. This, as during 1904, has been an enjoyable feature; much of the chit-chat around the board being of great benefit along medical lines.

A thought for 1906, and I would suggest that its discussion be taken up before the adjournment this evening. Would it not be wise and beneficial to hold meetings of a social nature, with guests, during July and August, at points in the harbor, leaving Boston in the vicinity of 4 P. M., enjoying a sail and what is popularly known as a fish dinner?

The Treasurer made his reports which showed the finances in a good condition. Both reports accepted and ordered placed on file.

The Treasurer, referring to the fifteen years service of the Secretary, moved that a check of fifteen dollars be given him, not as payment, but as a token of the appreciation in which his services were held by the Society. Dr. Miles in seconding the motion said he hoped it would be taken by a rising vote. It was unanimously carried.

The Nominating Committee made the following report for officers for the ensuing year: President, Electa A. Brown, M. D.; Vice-President, Wm. H. Russell, M. D.; Secretary Pitts Edwin Howes, M. D.; Treasurer, John Perrins, M. D. Censors, Drs. Allen, Ross and Forbush. These officers were all unanimously elected.

The president appointed C. Edwin Miles, M. D., a committee of one to install the newly elected officers, which he did in a very pleasing manner.

The suggestion in the annual report of the secretary was taken up and favorably discussed, the matter being placed in the hands of a committee to report at the next meeting.

The president introduced Dr. C. Edwin Miles, who spoke upon "Reminiscences of this Society." Dr. Lydia Ross responded to the sentiment, "Women in Medicine." Dr. Fred G. Phillmore answered for the "New Members," while Dr. J. A. Denkinger was asked to talk upon "Infant Feeding." Dr. Lillian G. Bullock closed the speechmaking by responding for the "National."

All present voted the occasion very enjoyable.

PITTS EDWIN HOWES, M. D., Secretary.

Eclectic Medical Society of the City and County of New York.

New York, January 18, 1906.

The Eclectic Medical Society of the City and County of New York met in the auditorium of the college on January 18, at 9 P. M., a good attendance being present. In the absence of the president, Dr. W. J. Krausi was elected chairman pro tem. The minutes of the previous meeting were read and approved.

Preceding the regular order of business, Dr. W. J. Krausi presented a very interesting case of double vision in a man about 30 years of age. The patient had been under the treatment of several gentlemen without any good results, the diagnosis and treatment by each one being different. The patient had been thoroughly mercurialized and iodized without any benefit. Dr. Krausi gave a detailed history of the case, after which Drs. Boskowitz and Thompson were appointed a committee to examine it and report. The committee reported that the origin and pathology of the abnormality was obscure and needed further study and observation.

The report of the Auditing Committee was presented, and, on motion, it was accepted and the committee discharged.

The application for membership of Dr. F. Elliott was withdrawn and fee ordered to be returned by the treasurer.

The essayist of the evening was Dr. G. W. Thompson, who read a lengthy paper on "Pneumonia."

In discussing the paper, Dr. Wyatt-Hannath said "If you have to wait until you get to the second stage of the disease before knowing that you have a case of pneumonia, because of masked symptoms, you have missed noting the triangle of symptoms, temperature 100° up, pulse of 100 up, breathing rate 26 up, which always denote chest disease, auscultation determining within 12 hours whether it is lung or pleura; treat with aconite or veratrum, bryonia, gelsemium or belladonna, according to indications; put into an oil-silk cotton jacket from the neck to middle, and give *asclepias tuberosa* to induce perspiration, so making the jacket a continuous poultice without any changing—though I would now sometimes use Libradol instead of a jacket. For food, Horlick's malted milk and Mosquera's beef jelly every second hour, the medicine, for instance, on the even hours, the food on the half hours. In the second stage, give *digitalis* in quarter drop, and *belladonna* in half drop doses every four hours. Use oxygen from the first if breathing is labored."

Dr. Boskowitz said that the essay was an excellent one, and that he agreed in the main with the author's treatment. He appreciated more the clinical report of the disease than the laboratory etiology. He recommended, in the treatment of the second stage, where expectorants were needed, small doses of *podophyllin*, and

mullein and milk, especially if the expectorations were stringy and viscid.

Dr. Hyde spoke of the value of chloride of calcium in the second stage of the disease.

On motion, a vote of thanks was given to Dr. Thompson for his valuable paper.

It was moved, and carried, that a special meeting be called on January 25 to consider matters pertaining to the State Society meeting.

Adjournment.

CHARLES LLOYD, M. D.

Secretary.

Kings County Eclectic Medical Society.

Brooklyn, February 2, 1906.

DEAR DOCTOR:

You are earnestly requested to attend the 13th Annual Meeting of the Kings County Eclectic Medical Society, to be held at "The Assembly," 153 Pierrepont Street (near Fulton Street), Brooklyn, N. Y., Monday afternoon, February 12, 1906, at two o'clock sharp.

There are comparatively few eclectic physicians here in Brooklyn, but it has needed no special effort to uphold the Eclectic banner. Lately articles have appeared in the daily papers relative to the old school medical societies opening their doors to Eclectic physicians, and accepting them as their members. Their object and aim are needless to explain in this letter.

To dispel these notions from the minds of the public, we wish to keep ourselves prominent and distinct before them.

It is, therefore, the object of this society to bring every Eclectic physician of this and other boroughs in close touch with one another, and thus strengthen our County, as well as State Societies.

We enclose complimentary tickets for the reception, to take place the same evening.

We ask your co-operation, feeling confident that you will appreciate the opportunity presented of attending both—the meeting and reception. We are

Fraternally yours,

THE COMMITTEE,

M. B. Pearlstien, M. D., Secretary.

Essayists.

Address.....by President, Dr. H. Stoesser

Cholelithiasis.....by Dr. Anna E. Martin-King

The Pulse: A Sign of Disease.....by Dr. Wm. J. Krausi

Three Cases from Practice...by Dr. Elizabeth H. Muncie

Circumcision...by Dr. M. B. Pearlstien

Is the Sharp Curette indicated in Puerperal Diseases?

.....by Dr. W. L. Heeve

Defects in Children.....by Dr. C. M. Ballard

Becquerel.....by Dr. O. A. Perine

New York Specific Medication Club.

The regular monthly meeting of the New York Specific Medication Club was held in the college parlors Thursday, January 11, Dr. Schaefer presiding.

A large number of members and visitors were present. The secretary being absent, Dr. Chas. Lloyd was appointed to fill the vacancy. Upon motion, the reading of minutes was postponed. Dr. M. H. Skow, of New York City, was unanimously elected to membership. Under the heading of essays, Dr. Chas. Noack read a paper entitled "Lycopus Virginicus," in which he gave a detailed description of its botany, pharmacy and symptomatology. In discussing the remedy, Dr. Boskowitz enlarged upon its usefulness. He often combines it with collinsonia for coughs; has found it beneficial in polyuria; and has been pleased with the drug combined with helonias in chronic parenchymatous nephritis; under its administration the albumen lessens in amount and the other symptoms are ameliorated. He has not used the remedy extensively in heart disease; believes it useful in bleeding hemorrhoids.

Dr. Krausi has found the drug useful in asthenic diseases—especially in diabetes mellitus.

Dr. Birkenhauer reports success with the remedy in post-scarlatinal nephritis.

Dr. C. W. Brandenburg has had beneficial results with lycopus in influenza showing a tendency to become chronic, and in coughs of long standing.

A unanimous vote of thanks was tendered Dr. Noack for his paper. The doctor was elected chairman for the next meeting. The society thereupon adjourned.

C. LLOYD, Secretary pro tempore.

Selections

Neuralgias from Alcohol and Opium Excesses.

A recent number of The Quarterly Journal of Inebriety, published under the auspices of the American Association for the Study and Cure of Inebriates, Hartford, Conn., U. S. A., says: "Antikamnia Tablets are one of the best remedies and are very valuable as a mild narcotic in neuralgias from alcohol and opium excesses. We have used them with best results." The Edinburgh Medical Journal, Scotland, says regarding Antikamnia: "In doses of one or two tablets, it appears to act as a speedy and effective antipyretic and analgesic." The Medical Annual, London, Eng., says: "Our attention was first called to this pain reliever by an American physician whom we saw in consultation regarding one of his patients who suffered from locomotor ataxia. He told us that nothing had relieved the lightning pains so well as antikamnia tablets, which at that time were practically unknown in England. We have

since used them repeatedly for the purpose of removing pain, with most satisfactory results. The average adult dose is two tablets, which may be repeated every two or three hours without fear of unpleasant symptoms."

A Peculiar Form of Traumatic (Chemical) Conjunctivitis.

BY A. M. HUTTON, M.D., NAVARRE, MICH.

Some miners employed in sinking a shaft near here encountered numerous streams of sulphur water. Though a careful analysis of the water has not been made, it is sufficient for me to state that it gives rise to an acute conjunctivitis. The pain is most excruciating, and can be relieved only by the use of cocaine, and even cocaine is useless unless preceded by adrenalin chloride.

My practice has been to use adrenalin chloride, 1-200, and to follow this with cocaine, 2 per cent. solution, and then to give the patient a boracic-acid and cocaine solution to be used until all symptoms have disappeared.

The point in favor of adrenalin chloride is this: Cocaine will not relieve this condition unless preceded by adrenalin chloride.

Book Reviews

Diseases of the Skin. With special reference to principles of treatment for the use of advanced students and general practitioners, by Henry M. Dearborn, M. D. Second edition, revised, enlarged and edited by Frederick M. Dearborn, A. B., M. D., with 135 illustrations, including 98 full-page engravings. Price \$6.00. Boericke and Runyon, New York, publishers.

This book is gotten up in Boericke and Runyon's very best style and this second edition, which has been considerably enlarged and many portions rewritten, is certainly worth a place in the library of the progressive physician. The book is divided into three parts: The first dealing with general principles, part two with special diseases, and part three internal therapeutics. It is to this part that we desire to call your special attention. We find here a description of the drug, and then the special difficulties in which it is indicated. We gladly recommend it to our students and practitioners.

Twenty-first annual report of the directors of the New York Post-Graduate Hospital. For the year ending October 1, 1905.

This is a magnificently gotten up report of the work in the school hospital and dispensary for the year 1905. The Post-Graduate, we believe, gives the best practitioners' course in the country, and our graduates have always been treated with uniform courtesy by teachers and management. It is with great pleasure that we note the wiping out of a large portion of the debt and we are pleased

to express the hope that they will succeed in their efforts and soon be entirely free from debt.

Surgical Diagnosis. A manual for students and practitioners, by Albert A. Berg, M. D., adjunct attending surgeon to the Mount Sinai Hospital, New York. Illustrated with 215 engravings and 21 plates. Lea Brothers & Co., New York and Philadelphia, publishers.

This manual, consisting of over 500 pages, is divided into six parts, part one general considerations on diagnosis. Injuries and diseases of the head and neck, part two. Three takes up the thorax. Four, the abdomen; five, the genito-urinary organs, and six, the extremities. This little work presents its subject in fine style; clear, concise, no waste of words, and yet not so brief as to leave one in doubt. The student could not have a handier work. Part one, which consists of fifty pages and is divided into three chapters, contains so much practical and valuable information for the student or young practitioner, that we would recommend that they commit most of it to memory, or re-read it weekly. They cannot go far wrong by following this advice.

Announcement. The Scudder Brothers Company, Cincinnati, O., will issue early in February, a New Eclectic Practice of Medicine, by Rolla L. Thomas, M. D., Professor of Practice of Medicine, in the Eclectic Medical Institute, Cincinnati, O.

This work will embrace over 1,000 octavo pages, and will contain two full page lithographs, five full page color prints and fifty illustrations in black. Cloth, \$6; sheep, \$7.

Items

Dr. J. W. Fyfe, of Saugatuck, was recently elected a member of the Connecticut Eclectic Board of Medical Examiners.

Beatrice V. Rossbach, M. D., and Mr. Otto Patzer were married December 24, 1905. Mr. and Mrs. Patzer expect to reside at Madison, Wis.

Nicholas Villone received the book prize for the best kept dispensary record for October.

Get at your paper for the State Society at once.

The property of absorbing and eliminating moisture differs greatly in various fabrics used for underclothing. All authorities on matters of hygiene agree that the absorption, as well as the elimination of moisture, takes place quicker with linen than with wool, cotton or silk. The Dr. Deimel Underwear represents linen in its most modern state of perfection.

The State meeting on March 7 and 8 at Albany promises to be one of the very best in the history of our Society.

The annual meeting of the Kings County Eclectic Medical Society, which was held on February 12, at the Assembly, was a great success. Its active secretary deserves great credit.

The New York Physical and Surgical Hospital, which is located at 465 Lexington Avenue, is thoroughly equipped and has twenty-one private rooms. For particulars write A. W. Herzog, M. D., 465 Lexington Avenue, New York.

The Specific Medication Club's new secretary seems to have the qualities necessary in a good scribe. His reports of the meetings are most interesting.

Your presence is absolutely necessary at the State meeting to be held in Albany, March 7 and 8.

Do you intend to enter the prize contest at our State meeting?

We have been promised a full attendance of veterans at the meeting of our State Society.

For your convenience we have continued the subscription blank in our advertising pages.

Read both new and old advertisements in this number, and in writing for samples or literature mention the REVIEW.

The Constitution promises to be with us at this State meeting.

The chairman of the committee on exhibits promises us a fine display at the State meeting.

Send in your subscription now. Why delay? You need the REVIEW and want to pay for it.

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

VOL. IX.

NEW YORK, MARCH 15, 1906.

No. 3.

The State Meeting.

The State meeting, held in Albany on March 7 and 8, can be recorded as one of the most successful in its history, and President Krausi and his officers deserve great credit for the thorough manner in which they managed the meeting. The attendance of up-state delegates was by far the best that the Society has had for many years, many of the pioneers being present. Many letters were received by the secretaries showing great interest in the welfare of the Society, and giving expression to the disappointment of members who could not attend.

President W. J. Krausi delivered an address touching interestingly on the special differences of the schools, and congratulated the State Society on its progress and advancement. He referred in terms of praise to the college in New York City, and to Eclectic colleges generally. He said the number of students was increasing in Eclectic colleges, but the demand for Eclectic practitioners had exceeded the supply. He referred at length to the literature of the school, and especially asked support for the Eclectic Review—the organ of the Society. This monthly, said he, is the peer of them all for practical medical thought, and is worth many times its subscription price. He urged the members to give more attention to the organization, mentioning particularly county and local societies. He also thanked his associate officers, assuring them of his appreciation of their work and worth.

Many interesting papers were read and discussed, and for want of time many were presented by title. Among those read and discussed were the following:

"Chronic Diseases," by Dr. Max Meyer.

"Congenital Deformities," by Dr. O. H. Rohde.

"Spasm of the Glottis," by Dr. Charles Lloyd.

"X Ray of To-morrow," by Dr. W. L. Heeve.

"Habits," by Dr. M. G. McGinnis.

"Application of Splints," by Dr. O. A. Hyde.

"Operations on the Prostate," by Dr. Lee H. Smith.

"Cystine," by Dr. Max Meyer.

The Society gave expression of its position on the many medi-

cal bills before the Legislature by passing the following resolutions unanimously:

"The Eclectic Medical Society of the State of New York, in regular annual session, gives expression to the following views, concerning medical education, practice and legislation:

"Resolved, that the body of the people, individually and collectively, should be assured absolute freedom of choice in selection of school or system of medical treatment.

"Resolved, that the standards established by the Board of Regents of this State, have proven so efficient and sufficient in practical operation, that any change in the restrictions and requirements thereof, should be disapproved as unnecessary and unwise.

"Resolved, that the present medical laws of the State of New York are just and equitable as conserving the rights and interests of all recognized, reputable schools or systems of medical practice, and that tampering therewith, change therein, or modification thereof would be a menace to the true interests of the medical profession.

"Resolved, that this Society believes, also, that the wheels of progress are not to be and can not ultimately be clogged, and that every system of therapeutics, whether heretofore recognized or hereafter to be developed and made known, which conforms to the standards above mentioned, should be given equality under the law with all others."

The following officers were then elected and installed:

President—A. E. Broga, M. D., Oneida.

First Vice-President—H. Stoesser, M. D., Union Hill.

Second Vice-President—C. W. Brandenburg, M. D., New York City.

Third Vice-President—W. L. Heeve, M. D., Brooklyn.

Treasurer—W. J. Krausi, M. D., Brooklyn.

Secretary—E. H. King, M. D., Saratoga.

Cor. Secretary—G. W. Boskowitz, M. D., New York City.

To represent the Eclectic School upon the board of examiners—M. H. Nichol, M. D., Worcester; O. W. Sutton, M. D., Bath; Lee H. Smith, M.D., Buffalo; H. S. Blackfan, M.D., Cambridge; F. P. Sinclair, M. D., Lysander, and D. L. Spaulding, M. D., Niverville.

Before adjourning the Society decided to hold its next annual meeting at Albany.

"Practice of Medicine."

The term "practice of medicine" has always been deemed somewhat elastic, but at last, and for the first time in the history of law, its meaning has been judicially defined. The definition was recently pronounced by Judge Joseph I. Green, in the New York City Court, and it is as follows:

"The practice of medicine is the exercise or performance of any

act, by or through the use of any thing or matter, or by things done, given or applied, whether with or without the use of drugs or medicine, and whether with or without fee therefor, by a person holding himself or herself out as able to cure disease, with a view to relieve, heal or cure, and having for its object the prevention, healing, remedying, cure or alleviation of disease."

It was very desirable that this legal decision should be made, and it is to be hoped the definition will be allowed to stand. It puts practitioners of all kinds where they ought to be. It has been very difficult for the ordinary mind to understand why one class of practitioners should be required to spend many years in study before they are deemed qualified to "practice medicine," while another class, on the plea of not employing drugs, and without any preparatory education, are permitted to treat the sick without any restrictions whatever. Hereafter, if Judge Green's definition remains in force, faith curists, mind curists and mud curists will have to qualify to treat the ills of the human body just as ordinary doctors do, if they wish to continue "healing" the sick.

J. W. F.

Treat Your Case.

Medical literature is full of advice about this and that disease. We are frequently told that such a medicine is good for such a disease and numerous cures are cited as proof of the statement.

Examine critically the most of the books on the practice of medicine and the same statement holds good. You are to give such and such remedies for such and such diseases. When the medical man is being continually drummed at along these lines it is not so wonderful that he accepts the dogma and fits his medication—or allows some one else to do it for him—to the disease as named in his practice of medicine.

All such acceptors of the largely prevalent method of prescribing seem to forget that man is a complex machine, perhaps the most so of any that exists in the world to-day. Consequently there are always a variety of minor causes which go to make up the sum total of what is generally termed disease. A much better, more scientific and correct term would be an abnormal condition.

Such a term, if generally accepted, would tend to make all physicians think in spite of themselves. Did you ever stop long enough to realize how hard it is to get the average physician to really think? He will accept the dictum of some one else without attempting to prove to his own satisfaction whether the statements made are correct or not.

The term "abnormal condition" when applied to disease would, as has been said, make the person seeing it think unconsciously, almost. The very word "abnormal" implies a departure from the

correct or normal standard. Then naturally comes the query, in what way is it abnormal?

Prof. J. M. Scudder has divided it, very tersely and completely, into three forms, viz., excess, defect and perversion. Every manifestation of wrong in the human economy can be brought within these limitations.

Whenever a patient comes to you for advice and treatment, it is your duty, primarily, to treat, not what you may name his difficulty but the conditions which brought about the departure from health.

In order to do this correctly it is necessary for the physician to understand the physiological man, so as to be able to place his patient beside that standard and thus to detect where the wrong in his condition is, and what is to be employed to correct that departure

Thus each patient must be studied separately, and at each time he is seen, in order to prescribe understandingly and successfully.

You can determine the general scope of the treatment required when you have decided under which of those three conditions he is existing. The excess must be brought down, the defect raised up, and the perversion brought back to the normal or healthy standard. Do not give any medicine without knowing why you give it and what results you expect to obtain from its administration.

Never use the name as an object of your prescription, but let the existing conditions determine your treatment.

Follow these rules and your success will be much greater than ever before.

P. E. H.

Medical Laws.

Just medical laws, when properly enforced, are beneficial to all, for they enable the several schools of medicine to keep their organizations clean and free from the old-time disreputable itinerant and other undesirable practitioners who came into the fold through crooked by-ways. The straight and narrow path knew them not.

In the states which have adopted the three-board system of medical examiners the three schools of medicine are guaranteed equal rights and privileges, and it is the personal duty of every member of these boards to see that all examinations are conducted in a manner which cannot fail to receive the commendation of all fair-minded men.

J. W. F.

Lloyd's European Trip.

J. U. Lloyd, accompanied by his wife and two daughters, sailed February 17 on the Celtic for Naples. There they will take steamer for Smyrna, Asia Minor, and meet Prof. T. H. Norton, United States

consul, and former professor of chemistry at the University of Cincinnati.

Professor Lloyd expects to be gone six months, and while his family remains with Professor Norton, he will make excursions through Turkey and Arabia under the auspices of the Smithsonian Institute and Agricultural Department of Washington, D. C.

While looking forward to the trip with much pleasure, it is Professor Lloyd's object to work all the time. It will be his first trip to Europe and Asia, and, in fact, the first time he will have left American shores. There is no state in the Union that he has not visited, nor is there any place of interest that he has not investigated, from the glaciers of Northern Canada to the southern shores of Old Mexico.

The government letter that he will carry is as follows: "Smithsonian Institution, Washington, D. C. To the Correspondents of the Smithsonian Institution, Washington, District of Columbia: I have the honor to introduce to you Dr. John Uri Lloyd, of Cincinnati, Ohio, the well-known botanist, and a valued friend of this institution. Dr. Lloyd is visiting Turkey, Arabia, and the countries bordering on the Mediterranean, for the purpose of carrying on scientific botanical investigations, and any assistance or personal courtesy that you may be able to extend to him will be highly appreciated by the Smithsonian Institution."

In addition to this letter, Professor Lloyd will carry credentials from the Department of Agriculture. He will call upon the United States consuls in the line of his travels, and will study the natural products of the countries he visits, with special reference to their drug-producing qualities.

At Naples Professor Lloyd will meet his brother, C. G. Lloyd, whose headquarters are at Paris, and from April 26 to May 3 he will attend as a delegate the International Congress of Chemists at Rome. —*Eclectic Medical Journal*.

All Eclectics feel proud of any honor shown Professor John Uri Lloyd. He belongs to us all, and we want to share in his glory. His friends in the East desire to express to him and his family their best wishes and hope the trip will be a source of pleasure as well as scientific research.

Original Articles

Annual Address.

BY W. J. KRAUSI, M.D.

Read before the Eclectic Medical Society of the State of New York, March 7, 1906.

Another year has rolled by, almost, it seems, as on the wings of the morning, and we assemble together once again for the annual State meeting of our Eclectic Medical Society, to which

I bid you one and all most heartily welcome, and I would add the hope that your measure of prosperity and happiness has been full to overflowing.

Following our custom, it becomes my duty and pleasure as your president, to deliver to you, as the programme states in so dignified and formidable a manner—the annual address. I trust you will bear with me if my effort seems but a weak one, and if some of the things that I shall say seem but trite and self-evident.

True it is that most of those present are firmly rooted and grounded in the faith of what our Eclectic practice and materia medica has done and can do, still, for the benefit of the possible strangers within our gates, let me dwell for a moment upon the ends and aims of our Eclectic school of medicine.

By Eclecticism in medicine we mean the establishment of a rational, progressive, American practice of medicine, untrammelled by the recollections and traditions of a musty, dusty past and with no hint of the incantations, insect broths and other “remedial” agents of the medicine man of antiquity.

In the practice of Eclectic medicine we utilize natural remedies, garnered from nature’s storehouse—the active principles of leaves, barks and roots of the plants of field and wood—the Creator’s medicine chest for all mankind.

The graduates of our Eclectic school enter the lists against death and disease thrice armed in that they have a knowledge of all the means employed by the other two schools, as well as the mighty and trusty weapon in the fight for life which they possess in their knowledge of Eclectic vegetable drugs administered specifically in accordance with accurate indications.

Eclecticism is a system of medicine that is natural, simple in deduction, concrete in practice, not based on conjecture but on careful scientific research and clinical observation. The Eclectic School of Medicine is like a strong young giant, the full measure of whose prowess has not yet been felt, mighty though its past achievements have been.

Eclectic principles cannot but appeal to the greater portion of all intelligent people and the influence of our system, because of the great remedial value of our drugs and the successful work of our graduates, is surely and unmistakably becoming stronger and more powerful with each passing year. In spite of attack, calumny and persecution, Eclecticism, because of the inherent worth of her remedies and the staunchness of her disciples, has steadily grown and come to the fore, each agitation seeming but to give her fresh impetus, and her future certainly seems one glowing bright with promise.

That we may make our school an even greater power for good in the future, it behooves us as representatives to do even better and more scientific work than in the past. We should note

carefully the signs and symptoms, classifying them and observing the action of our remedies in combatting various symptoms. It should be our aim to ascertain the exact pathology and arrive at an accurate diagnosis, making use of the very valuable aids to accurate diagnosis afforded by the examination of sputum, blood, urine, feces, saliva and stomach contents, to the end that we may attain the highest degree of skill in diagnosis as well as the greatest expertness in therapeutics.

In our strivings after advancement in medical science, however, we should give heed to the basic principles of our practice as laid down by our Eclectic forefathers, and these are—conservatism and truth in medicine and surgery. Fads and fancies in theory and practice as they appear from time to time in medical literature should neither dazzle nor tempt us, nor should we be quick to espouse a theory which is but possibly the product of the imagination of some laboratory “savant” but insufficiently demonstrated and unaccompanied by accurate and convincing data. The past year, more perhaps than any previous one, has demonstrated the fallacies and false deductions of many of these “latest” theories. The active and always ready scalpel is being gradually accorded its proper place after many sacrifices and untimely deaths on the altar of “appendicitis,” so that now it becomes almost safe to have an ordinary green-apple ache without undue fear of the all too active surgeon and his trusty blade. To be sure, one is quite up to date if he be able to display as a matter of entertainment at an evening reception, a bottle containing his vermiform appendix, still, one cannot help but think that nature or the Creator in His wisdom made all the parts and organs of man to perform some distinct function, and while the injunction, “If thine eye offend thee, pluck it out,” is a good one, it would nevertheless be the part of good judgment and conservatism to ascertain beyond doubt or peradventure that it really IS the eye which offends.

Our guide in operating should be to assist nature in every possible way by the removal of the causal factor in the trouble, thus facilitating the quick restoration to health, without, however, the wanton sacrifice of any part of the economy, insignificant though its function appear.

Our motto, “vires vitales sustinete,” has stood the test of many years, and its truth is being more forcibly demonstrated every day. Any change perceptible to the senses in any organ or function connected with morbid processes is manifested by signs or symptoms as the expression of the functional or vital phenomena of disease. The organism in its effort to throw off, as it were, the hindrance to the normal physiological performance of its function consumes more vitality than is ordinarily required, hence the urgent necessity of sustaining the organism in its effort to rid

the system of disease or poisons. The value of indicated nourishment for sustaining the vital forces during an attack of disease is one of the fundamental tenets of Eclecticism.

No mention of Eclecticism would be complete without calling attention to our distinct and individual system of specific medication. The character, preparation and administration of our specific medicines form one of the most distinct advances in medicine yet evolved, and although specific medication is still in its infancy, the beneficent influence of our remedies administered according to the indications of this system is daily becoming more apparent, and, witnessing our success, physicians of the other schools of medicine are likewise becoming interested in our system of therapeutics. We should be unremitting in our efforts directed toward the study, observation and proving of our remedies, since specific medication is not conjecture, but a compilation of facts, absolute and truthful. By giving nature just the aid she requires in the form of the specifically indicated remedy we get the best results in the shortest possible time. We should, whenever possible, use but a single remedy and that the indicated one, avoiding combinations of drugs and the use of syrups. The drug should be given in water, and should there be precipitation of the resinoid a small amount of c. p. glycerine will hold it in solution. The high standard of purity, freedom from noxious or extraneous material and the absolute reliability of their physiological manifestations render specific medicines by far the safest to use, as these medicines are so prepared that they retain their volatile as well as resinoid or alkaloid principle.

The tendency of the manufacturing pharmacists, with but few exceptions, is toward complex compounding without producing chemical reaction. The feat of keeping each alkaloid in a solution distinct is in many instances only possible in the laboratory under the proper conditions of light and temperature, but when these artistic combinations leave the laboratory and are placed on the shelves of the druggist where it is often impossible to maintain the proper physical conditions the result frequently is reaction, disintegration of the alkaloids, chemical change and the formation of new activities and new energies in the combination, in some instances even the formation of a powerful poison the action of which is the reverse of that expected of the preparation when it left the laboratory. This in many cases takes place in the pharmacal combination without any apparent change in color or taste—nothing to warn the druggist or the doctor of the change—nothing except the physiologic or toxic action as manifested upon the patient. This fact alone should speak strongly in favor of the use of the single specific remedy.

Of course the best way to keep abreast of the advances made along the lines of Eclectic practice is to read Eclectic books and

Eclectic journals. During the past year a number of most excellent and up-to-date Eclectic books have left the printer's hands, and others are in process of publication and soon to follow. We owe it to ourselves as Eclectics that we may add to our store of knowledge, and we owe it to the cause as well that we encourage Eclectic authors by the purchase of such books and by subscription to as many of our journals as our means will permit.

Eclectic literature is plain, concise and to the point. Eclecticism, like all successful reformations, believes in the plain statement of facts. Many a so-called scientific article appearing in old school journals will be found not to contain a single helpful clinical fact—stripped of its word adornment, nothing of practical value remains. Not so with Eclectic journals—we strive not so much after literary effect as after helpful clinical data which will assist us in making exact diagnoses and in understanding how to apply our remedies to the end that we may be worthy of the confidence that the patient places in us when he calls upon us to do battle with his malady.

Then, too, we should show our loyalty by giving more practical aid and encouragement to our college in New York City by sending students to take up the work there and by thus strengthening the cause we indirectly benefit ourselves as well. There is no medical college in the country that is better equipped for practical and theoretical instruction in Eclecticism and specific medication than ours. The cosmopolitan character of the inhabitants of New York City supplies the best and greatest variety of clinical material. The college faculty is made up of men in active daily practice—progressive, practical and well informed on all things medicinal. The curriculum covers every department of medicine, and the instruction is thorough and practical. The dispensary supplies a plethora of medical and surgical material, and the outdoor department gives opportunity to third and fourth-year students for bedside work.

And what about the prosperity of our physicians and surgeons in the state? Reports from them collectively and individually are of the most flattering character. They are uniformly successful financially, and, besides being in active practice, many are holding elective and appointive public office; others occupy various positions of trust, both public and private. During the past year your president has received many applications from communities of people who want Eclectic doctors, or from Eclectic physicians who are unable to do all the work in their respective neighborhoods and who want younger men to locate in their section, etc. The demand for Eclectic practitioners in this state is far greater than the supply, and this being the case we should each and every one try to send more students to the Eclectic College. The college wants only the best possible student mate-

rial—good, honest, sturdy, studious, intellectual and brainy men and women who manifest an individuality and the power of concentration. Our alma mater expects neither tithes nor tribute, as was the custom in ancient times of seats of learning, but simply asks that she may give her fostering care to new disciples and send them forth well equipped to do her honor and reflect credit upon themselves.

And now a few words with respect to legislation as it concerns our school. Eclectics have never asked for the passage of laws to aid them in the practice of medicine, or for legislation to maintain an existence. We believe in a reasonably high preliminary educational training as a preparation for the study of medicine. We believe that our students should pass the same technical examination as any other medical students in the state. We have no prejudice against any other sect or theory of medicine. All we ask is that ALL who are engaged in the art of healing the sick should pass the same literary and technical examinations. Let the people employ whom they will, but let the state safeguard the public without regard to school or "ism" by requiring the same preliminary and final examinations of all who are engaged in the healing art. The law and educational requirements should be the same for all and differ only in theory and practice and *materia medica*.

One of the reasons why Eclecticism grows is that it is tolerant and does not claim to exist for the purpose of fighting medical progress or any honest truth which will aid in the subjugation of disease and the restoration of health. But the state should not permit persons who are ignorant, uneducated and untrained in the essentials of medical science to practice medicine under the cloak of religion or some other "igion" or "ism."

We are all more or less familiar with the present status of medical laws in this state and the three boards of the dominant schools of medicine—Eclectic, Homeopathic and Allopathic. This three-board law, which received the spark of life September 1, 1891, has been fair and equitable to the three legal medical schools in this state. These three medical boards are practically under the direction and influence of the State Regents. The Board of Regents has the power to select what questions it will from the lists submitted by the three boards; so, inferentially or in reality, there is at present only one board of medical examiners in this state. There is this advantage in the present three-board system—the right of each board of medical examiners to examine each graduate in *materia medica* and in the theory and practice of the school of medicine represented by it. This individualizes each school of medicine and such individualization is an absolute necessity for progress.

You are all doubtless familiar with the fact that a con-

ference of the leading medical interests was called at the suggestion of the Board of Education of the State of New York, and that a meeting was held in Albany on _____ for the purpose of "harmonizing" the differences in medical practice. It would be just as feasible to attempt to form an innocuous combination of nitric and sulphuric acids and glycerine—the only essential to an astonishingly successful and impressionistic result of such a combination would be a little (per)cussion!

We are satisfied with the laws as they now stand, and our examining board has discharged its duty with credit to itself and honor to this society. Much as we admire our professional brethren of the other schools, we prefer for the present to gang our ain gait. Perhaps when we become as toddling infants or reach a stage of advanced tottering decrepitude we may consent to have them direct our steps along paths of harmony, but at the present when Eclecticism stands forth as a strong man ready to run a race, we prefer to reach the goal in our own way.

I will not trespass upon your time longer, as many valuable essays are to be presented and discussed, but in conclusion let me lay stress upon the necessity of not only cultivating and educating our physical and mental being, but of developing our higher spiritual nature as well, inasmuch as our usefulness and power as physicians depend not alone upon our knowledge of disease of the body and its treatment, but upon our ability to recognize travail of the soul and spirit as well, since it is to us more often perhaps than to anyone else that overburdened humanity pours out its woes. The broader our minds and the deeper our sympathies the better will we be able to help the troubled one to brighter and higher things and the more worthy will we be to represent our most noble profession.

The "Eclectic Wash."

BY ELI G. JONES, M.D.

My attention was called to the Eclectic Wash by Dr. A. L. Kiraly, of this city. The formula of it was published in your journal a few months ago. If I am correctly informed it originated with Dr. Boskowitz. I have used it locally in one case in cancer of the ear in a lady who had been under X-ray treatment in New York City, but the treatment failed to help her. I applied it one teaspoonful to half a cup of hot water, increasing the strength every day. The cancer had partly eaten through the back of the ear and lower lobe of ear, also, had worked in about an inch into the inside of the ear. The whole ear was considerably swollen. Under the above treatment the case is doing well with every prospect of a permanent cure. In another case of cancer in the corner of the eye it worked equally as good; of course I used proper internal remedies at the same time. I have seen some fine cures

of ulcers of the leg made by Dr. Kiraly with the "Eclectic Wash." It *certainly is a valuable remedy*, and the profession owes a debt of gratitude to Dr. Boskowitz for this formula.

New Brunswick, N. J.

Defective Children.

BY CORA M. BALLARD, M. D.

Read at the annual meeting of the Kings County Eclectic Medical Society.

Mr. President and Doctors:

I am sorry to make any change in the order of your program, but as it is necessary to get these children home early I thank you for the courtesy.

I could have written pages on the atypical and defective child and the need of special day schools and educational sanitariums for these most unfortunate of God's creations. These are about 2 per cent. in the public schools. About 8,000 that the State of New York should care for but cannot for want of room, and if these children are not made self-supporting to a degree, the state will have to care for them later. I have therefore decided to present a few cases. It is easy to diagnose the hydrocephalic, microcephalic, paralytic, epileptic idiots, but I present to you some children that are not easy to diagnose and classify.

Case 1. Mamie —, age 10; Italian; parents living; two sisters and one brother, smart children. Mamie well and like other children until aged 3. On 4th July was frightened by a large fire cracker. Ceased to speak; crouched in a corner; contractures of wrist and elbow joints. Child entered school October, 1904. She had to be led to and from school to her home. Did not appear to know the house where school was kept. It took two months to teach her to speak, and this was accomplished by every day repeating to her a little rhyme about a kitten. One day her teacher informed me that Mamie's little sister could repeat the rhyme. Her mother told me she sat in the corner whispering something to the children. We knew then she could speak, and proceeded to teach her the alphabet. What to do with her arms was the next problem, so I caught her relaxed and put a strong splint on the inner side of the elbows, bandaged and kept it there for nearly two weeks; had it off and on at times afterwards for nearly a month. Now she takes the exercises, dumbbells, etc., and reads and writes nearly as good as any child of her age with only one year's teaching. Diag., hysteria.

Case 2. Willie —, age 16; parents living; father's cousin epileptic; grandmother died consumption; five brothers bright, good boys; one sister healthy and bright. Mother as well as with other children before his birth; normal labor. Child bottle fed. As a baby like other children; seemed healthy. Age 3 had a severe sickness, high fever; brain seemed to be affected. After that boy peculiar; would not play

with other children; could not get along in public school. Diag., brain degeneracy due to a slight encephalitis. Teacher reports Willie a good boy; does good manual work, but slowly improving in studies due to inability to give attention.

Case 3. John G——, age 13; parents living. Father laborer, \$6 per week; mother takes in washing to help along. No insanity or epilepsy in the family. Mother bad impediment in speech; suffers with periodical migraine; has had this since a child; she is growing worse. One brother and sister. Brother nervous and bad impediment in speech. John, second child, breast fed, always a very cross child. Entered public school age 10. Did not get along. Mother says she is afraid of him. He gets spells, when he tears clothes off his back. The principal of the public school where he attended asked me to take him in our school, as she was afraid he would injure some of the children while in one of these wild spells at recess. John has not shown many of such spells since he came to our school, as there is a peaceful atmosphere there; harmony between teacher and pupil. Teacher reports him a very strange boy, but improving. Diag., congenital brain degeneracy tending to insanity.

Case 4. Lena G——, age 13; father and mother living; low type Americans; both heavy drinkers of liquor; when Lena entered our school, age 12, she did not know her letters. Teacher reports improving slowly. Diag., congenital brain degeneracy due to alcoholism in parents.

Brooklyn, N. Y.

Is the Sharp Curette Indicated in Puerperal Infection?

BY WM. L. HEEVE, M.D.

Read at the annual meeting of the Kings County Eclectic Medical Association.

Clinical experience and gleanings in the medical press have proved that the mantle of conservatism must be placed upon our shoulders in treating puerperal infection. A few years ago the instrument of greatest utility in our obstetrical bag was a sharp curette, and we felt safe when we could state that the uterus was thoroughly curetted. That day we felt justified in advocating thorough curettage as it was recommended by the leading obstetricians. But to-day we stand firm upon an opinion gained by careful observation and painful, yea, dismal, failures. Puerperal infections have diverse anatomical sites, and it will be my pleasure to speak of the uterine site only. We will disregard septic intoxications due to loosely retained placental tissue or secundines, as in this manifestation we all agree that a curette is contraindicated, therefore I must limit my remarks to intrauterine infection, which, unfortunately, is too often considered the sole site of infection and which sometimes is the infected site due to the infected material being carried by an infected finger or instrument, from an infected area in the vagina.

As a causative factor we find various germs causing the syndromes of this disease: the colon bacilli, staphylococci, streptococci and many saprophytic bacteria or the gonococci or diphtheritic bacilli may be the causal factor. For argument we grant that the infection is one of puerperal endometritis. The saprophytic organisms are imbedded within the hypertrophied endometrium. The invasion is of low virulency. The inflammation due to the septic invasion has set up a zone of reaction, comprising a small, round cell infiltration—reaction zone of Bumm—the endometrium is crowded with bacteria and necrotic debris, but, as a rule, in a saprophytic infection of low virulency the muscular layer is free from germs, a distinct line of demarcation divides. Per contra, in a virulent cocic infection this line of demarcation is not formed; in fact, the process is so rapid that the infection is carried through the lymph channels and veins so quickly that no zone of reaction can form a protecting means to destroy or render inert the rapid-forming toxins. The entire organ is one mass of infection.

So much for the causative factors, and now let us consider the title of this essay, Is the sharp curette indicated in this symptom complex? The writer wishes to voice his sentiment against that instrument of brutality. There is no surgeon that can curette a septic uterus without opening up new paths for infected material to enter. Neither can he curette the debris without injuring the line of demarcation or the zone of reaction of Bumm. Nature in her effort to mobilize an army of defense has placed this zone of hyperleucocytosis as her first line of defense in the battle against the invading army.

Shall we destroy this grand effort of nature by a sharp curette and then enter her unguarded surface with septic material? By no means shall we destroy this powerful aid in defense. We are duty bound to aid nature and sustain this line of defense by supplying reinforcements, and under no circumstances destroy her forces of defense.

Let us consider a case presenting a virulent type of infection, where the entire organ is septic. Can we destroy the infection by curetting the septic endometrium with the debris? Emphatically no, but we will open up new paths for infection to enter. Never insert a sharp curette or any instrument capable of producing a raw surface in a septic infection of the uterus. Remove the debris by harmless means and do not destroy that true and tried protective army of nature: Bumm's zone of reaction.

Brooklyn, N. Y.

Report of Cases.

BY ELIZABETH HAMILTON-MUNCIE, M. D.

Read before the Kings County Eclectic Medical Society, February 12, 1906.

Mr. President, Ladies and Gentlemen:

Instead of reading my paper I will tell you about three cases that came under my personal observation and care. Each is of a different class, and each representing conditions of a reflex origin.

The first was that of a lady physician, a practitioner in the east. All her life she had been perfectly healthy, until certain neurotic symptoms became manifest about four years prior to this interview. She gave up her practice and went to California, where she received treatment. While there she became engaged to be married, came east, was married, and went to Europe on her bridal trip, but before the journey was ended the husband suddenly died. The apparent result of this great shock caused an iritis. She was kept in a darkened room for some time. After the acute symptoms abated, she started on the voyage home, but was obliged to remain in the dark. The surgeon on board did all he could for her. When she reached New York she consulted several oculists of the best standing, but obtained little help. Finally she went to Chicago, to Dr. E. H. Pratt, who did an operation on the rectum and curetted the uterus. The result was some relief of the now chronic iritis, and great relief of many of the neurotic symptoms. She then returned to New York, consulted a physician, who sent her to the speaker with word that it was undoubtedly a case of hysteria. When she consulted me, I refused to give a diagnosis of her case until I had had her under observation for a week. She was what you would call a very *pretty* woman, had beautiful hair, with naturally very bright eyes, and her whole appearance and manner was most interesting. As I looked at her I thought: "What a beautiful woman! There appears to be no symptoms of hysteria about you."

However, I made a pelvic examination, and found that the uterus was retroflected and the sigmoid flexure was in a prolapsed condition. The uterus could not be kept in position, and she herself insisted on having it removed. She objected to a ventral fixation. As she was owner of her own body and had a right to say what should be done, we finally consented.

Result—A decided improvement in the iritis, which continued for three months, when some of the old symptoms returned. The coccyx had been broken many years before—the result of a fall. Since my experience with this case, I examine the coccyx of every patient. After two years of discouragement because of frequent recurrence of the iritis, the patient decided to "have that coccyx removed." I reported the case to several physicians and to a medical society, and all said *hysteria*. Later, the coccyx was removed, and, Presto! change! the iritis was immediately relieved. This happened four years ago. Since then she has been well, has again taken up her public work as a writer and speaker, and is traveling all over the country to fulfill her engagements.

We should remember that we are dealing with the composite man, a man who should be considered in all his phases—physical, mental, emotional and spiritual.

Case No. 2.—Probably a year ago a lady came into our office one evening and said: "Papers have been made out committing my brother to the insane asylum." On inquiring into the case, we learned that the

patient was about forty years of age, had always been in good health until about a year prior to this visit, when he had gradually become melancholy, lost all interest in business, and for the last six months had been irresponsible. He talked of having committed the unpardonable sin. Several mental specialists had been consulted, and all insisted that he must be committed. That evening the sister had met a friend, a physician, who, on hearing of the case, said to her: "Has your brother been thoroughly examined?" "Yes," she replied, "by the mental specialists." They had done as they always do; namely, examined him as to his sanity, not as to his physical condition, as was well known to the inquiring physician. He therefore advised the sister to have the brother examined as to the physical soundness of his pelvic organs, so the next morning the patient was brought to Dr. Edward Muncie.

Result—In a few hours he was up in our operating room under an anesthetic. His physique was not as might have been expected, and was in strong contrast to his mental condition. He was a large man, florid, well developed, well nourished, and appeared a physically well-balanced man. On examination we found the prepuce had never been retracted, and the opening was only large enough to admit a small flow of urine. So distended was it with old and foul smegma that when it was slit it retracted as though it said "thank you" for liberty. Circumcision was performed, the fraenum clipped, the meatus enlarged and sounds passed. The hemorrhoids also were all removed by the slit operation (Pratt). The result was: In three days after the operation the man smiled for the first time in six months. He said he felt as though something was being lifted from his life. In three and a half weeks he went home, and three or four weeks later went to Europe. On his return he took a position and is doing well in business. Here is a case that, but for proper treatment, would in all probability have spent his life in an insane asylum, as are thousands who should have been saved from imprisonment. And who is responsible for these cases?

Last night word came of the suicide of a man of affairs—a sexual pervert at last found out. Some one neglected to find out his physical difficulties and remedy them when a boy. How much longer will the medical profession procrastinate in recognizing that, as chronic tears may come from chronic physical disturbance, so may chronic lust and chronic treachery, even though there is no bodily consciousness of disorder? When will we learn that much of the mental and emotional unhappiness of the race is from its physical disorders, and that such cures as here enumerated should become common instead of exceptional? When this is learned we will have fewer penitentiaries and asylums, and more hospitals.

Case No. 3.—Two years ago last summer Dr. Edward Muncie was called to Oak Island to see a little girl, twelve years of age, suffering from an exaggerated form of chorea of two years' standing. She was emaciated and exhausted. Her food had to be forced down her

throat, her limbs flying about in every direction. Her entire body was in constant motion and she possessed no possible volition over any muscle. She could not articulate a word, and shrill screeching was the only evidence that she wanted anything. She had been in this condition for several months. Stools and urine were involuntary. The neurologists had sent her to the seaside, but gave the parents little hope of permanent recovery, as they considered that certain spinal cord cells were becoming diseased.

Dr. Muncie insisted upon examination of the clitoris and rectum, which was granted, and revealed an adherent prepuce distended to its limit with hard smegma, and a nice row of hard white papillae in the rectum. A few days later the little patient was in the operating room and treated to the necessary surgery; namely, loosening of prepuce and slit on its dorsum, removal of rectal papillae. Results were immediate, as the patient awoke from the anesthetic quiet, and remained so, with the exception of slight facial distortions which gradually wore away. In two weeks' time she could speak audibly, feed herself, and even write plainly. At the end of four weeks she had gained ten pounds, was able to be around with the other children, and was dismissed. Six months later she was as robust and healthy appearing a lassie as one would wish to see.

Brooklyn, N. Y.

Intra Uterine Medication.

BY C. WOODWARD, M.D.

The fear of disturbing the physiological process of menstruation has prevented physicians generally from investigating and solving one of the most important problems of gynecic practice. This fear will disappear as soon as physicians recognize the similarity between two physiological functions. For instance, menstruation is a physiological process of the system, executed through the generative organs just as the secreting of urine is a physiological function performed by the kidneys. The generative organs and kidneys may acquire a pathological condition that will obstruct or pervert these functions, and there should be no more fear of treating the uterus to restore normal menstruation than of treating the kidneys to obtain their physical action. For example, I will present the following case:

Mrs. L. O., age thirty, aborted in 1897, which weakened the muscular fibres of the uterus so that it was unable to empty itself perfectly at the end of every menstrual flow. An irritation was started that slowly developed into inflammation of the endometrium, inducing pain and diminishing the flow to such an extent as to be wholly imperceptible. She had received systemic and local treatments with only temporary relief and the absorption of septic material had poisoned her system so that her weight increased twenty-five pounds. Owing to the disadvantage of living more

than sixty miles away, she was unable to receive more than two treatments a month. As her menstruations were quite painful I suggested that she call on the day when her period made its appearance. At this time her uterus was washed out with a 50% solution of peroxide of hydrogen and alternated with a 5% solution of an antiseptic and a pledget of cotton saturated with glycerine 3iii and specific phytolacca 3ii, inserted against the cervix to remain forty-eight hours. Another treatment was given in forty-eight hours and she was supplied with systemic medicines to stimulate the bowels and skin to a normal action. These cleansing treatments removed the septic substance from the uterus, thus preventing its absorption and controlling irritation, pain and inflammation, so that in four months her menstruations were painless and continued four days with the usual amount. During these few months she lost flesh until she attained her usual weight and health.

Is there any heroic or harsh treatment that can be compared with this simple method of intra uterine medication for controlling uterine diseases?

Chicago, Illinois.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

The First Row in My Medicine Case.

NO. III. BELLADONNA.

Belladonna is a powerful stimulant to the vaso-motor centers and also to the capillary circulation. It constitutes an energetic medicament in all forms of congestion. In the treatment of the diseases peculiar to children a place for this remedial agent is found almost daily. I have never seen a case of scarlet fever which did not call for belladonna as a part of a rational treatment. It favors the development of the eruption, lessens the effect of the poison on the nervous system, improves the condition of the kidneys, and aids in the expulsion of the poisonous matter from the blood. In small doses this drug acts as a prophylactic against scarlet fever. This fact I have demonstrated on numerous occasions. Its prophylactic indications may be obtained by administering the remedy in small doses every two or three hours. In this way the disease has usually been confined to the first cases, but when not so limited, the exceptional cases have always been of a very mild form.

The varied therapeutic powers of belladonna are equaled by but few other drugs. It is an excellent remedial agent in erysipelas when the skin is deep red, and also when accompanied by a burning sensation, and the surface is free from vesicles. In spasmodic dysmenorrhoea,

and in spasmodic constriction of the bowels, it acts in a curative direction, and in spasmodic cough and asthma it is employed with gratifying results. In the latter stages of whooping cough it is also a favorite remedy. It lessens the severity of the paroxysms and lengthens the intervals between the attacks of coughing. Infantile convulsions of an epileptiform character also come within the curative range of belladonna, and in the treatment of chorea much benefit has been derived from its exhibition. In spasmodic conditions which come on suddenly, with intervals of profound sleep and deathly pallor and cool perspiration, and preceded in the early stages by extreme drowsiness and flashes of fever, belladonna is the urgently needed remedy. In fact, it is a curative agent in nearly all functional diseases characterized by sudden exacerbations, with intervals of rest and stupor and flashes of fever, alternated with more or less perspiration, dry tongue and fauces, with rapid respiration.

In nearly all febrile diseases indications for belladonna are frequently seen. It is a stimulant to the urinary tract, and in small doses relieves irritation. Its tendency is to increase the quantity of urine secreted. In incontinence of urine in small children, when the trouble results from poor pelvic circulation, or from chronic irritability of the bladder, this drug can be employed with the utmost confidence that it will aid much in removing the abnormal condition. In the annoying condition resulting from an excessive secretion of the salivary glands belladonna often gives prompt relief. It is also successfully employed in various forms of neuralgia.

Locally applied belladonna relieves pain in abscesses and when applied early often prevents suppuration. Largely diluted and applied hot it is of much value in orchitis, neuralgia and lumbago.

Belladonna is a spinal, cardiac and respiratory stimulant, diuretic, anodyne, mydriatic, irritant narcotic poison, or a paralyrant of the motor nerves, according to the quantity of the drug administered. In doses large enough to dilate the pupils it exerts an influence opposite to that obtained from the doses named in the prescription herein given, and, of course, does not meet the following specific indications, as they are based upon the small dose: Dusky redness of the surface from capillary congestion; patient dull and inclined to sleep; eyes dull and pupils dilated; deep aching of the loins and back, with a sense of fullness; dull, heavy headache; sleeping with the eyes but partially closed; night-sweats of consumptives; diseases of the brain when there is a sense of fullness, dizziness, drowsiness, and dull, heavy aching; incontinence of urine.

The dose of specific belladonna (or a good fluid extract) is from 1-20 to 1-2 of a drop, but the best influence of the drug is obtained by employing it as follows: \mathcal{R} Belladonna, gtt. v to x, water, \mathfrak{z} iv; teaspoonful every hour.

Tartar Emetic.

BY HERBERT T. WEBSTER, M.D.

Eclectics, as a rule, do not fully appreciate the value of tartar emetic as a cough remedy. The reason probably is that they wait for the full indications before prescribing it. This is one of the weak points of specific medication, as taught to students. They learn the specific indication for a remedy, and wait until it is prominently marked before making use of it. The fact is that few remedies are prominently indicated every time they are capable of accomplishing good results. The indications may be there, but not sufficiently marked to impress the novice, and the remedies are passed by and something less effective depended upon.

The editor of the *Eclectic Medical Gleaner* gives us the prominently marked indications for this remedy in the last number of that journal very explicitly, and when they appear there is no doubt that it is the required agent; but if we wait for them we will many times neglect it to our disadvantage. I prescribe it oftener in winter coughs than any other remedy in the catalogue, and seldom prescribe it amiss. The result is prompt and pleasing to both prescriber and patient ninety times out of a hundred, and better than that of most of the respiratory remedies used.

Tartar emetic acts upon the small bronchioles, and as most colds are mild cases of capillary bronchitis in incipency, the specific agent is one which directly influences this area of pulmonary mucous membrane. In all deep-seated coughs then, it is properly indicated, unless there is a great amount of local irritation, and then it is a good plan to alternate it with aconite, rhus tox., veratrum, 'gelsemium, asclepias, ipecac, or other indicated remedy. When the upper portion of the respiratory tract is the part involved, we must depend upon something more specific, as tartar emetic acts but slightly if at all upon the large bronchi, trachea or larynx. Here attenuated doses of bichromate of potassium, sanguinaria, inula, or other properly selected remedy is preferable, especially kali bichrom., of which small doses of the third decimal trituration give good satisfaction.

Tartar emetic is a saving remedy in many cases of capillary bronchitis (lobular pneumonia) in children and old people, especially during the catarrhal stage, and here is where we will note its strangely marked specific indications: subcrepitant rales, so distinct as to be heard sometimes before making auscultation, but very distinct in children upon physical examination, cyanotic countenance and sometimes extremities in children, panting respiration, prolonged and sometimes almost spasmodic cough, with difficulty in raising the phlegm, and marked prostration with perspiration after coughing. When expectoration is profuse in such cases, a great assistance to this remedy is calcarea carb. (calcarea ostrearum); in the third decimal trituration, two or three grains at a dose, in

alternation with the tartar emetic. I have seen old people recover on these remedies when under ordinary treatment there was very poor prospect of help. Persevering use of such means is almost certain to result favorably, if the vitality is not quite exhausted, and no tuberculous taint attends.

In all such cases small doses of arseniate of quinia, 3x trituration, seem to encourage the action of the respiratory remedies, and assist in a general toning up. However, it is well not to persist in the tonic too long; where treatment is prolonged, an occasional use of the arseniate for a few days at a time being better than its protracted use, for fear of too much nervous irritation.

The sedative agents, such as aconite, veratrum, gelsemium, etc., come in very well in the beginning, while the active stage of inflammatory action is present, but after the period of exudation has arrived they are embarrassing, and had better be supplanted, if necessary, by kali mur. 3x, as this is sometimes of great assistance, while the organic sedatives are now in the way of especially indicated dosage and their time of therapeutic value has passed. Kali mur. 3x is one of the most valuable cough remedies I have ever employed, though it cannot take the place of tartar emetic, when that remedy is indicated.

The dose of tartar emetic should be short of a nauseating quantity. A fourth or a sixth of a grain added to an eight-ounce tumbler of water, teaspoonful every one or two hours, is a good prescription for an adult. After the cough improves, the doses should be taken at greater intervals. In treating children, it is a good plan to add two or three grains of the 2x trituration to the tumbler instead of a small quantity of the crude drug, for children are very easily nauseated by minute doses, and the smallest quantity of the crude drug in water is liable to produce vomiting and prostration. Enough in any case to produce nausea is too much for good effect in coughs.

If I were to be restricted to a single remedy for coughs, from my past experience, I would select tartar emetic, and expect to do a creditable practice, though it is not to be forgotten that it is a two-edged sword, and that large doses are worse than none at all. With tartar emetic for the lower portion of the respiratory tract and kali bichrom. for the upper portion, one can cover the entire pulmonary membrane above the alveoli, and can control most acute phases of disturbance there; however, let it not be understood that I underrate the value of many of our organic remedies in both acute and chronic coughs.

Oakland, Cal.

Preventive Medicine.

One who is familiar with Dr. Cooper's writings (and who is not acquainted with this talented author's productions?) cannot read far without recognizing the authorship of *Preventive Medicine*.

The author's name on the title page is quite unnecessary, for Dr. William Colby Cooper is the only man who could have written this truly valuable little book. It is "Cooperism," pure and simple, from start to finish, and one of the ablest (if not *the ablest*) productions of this well-known Eclectic author.

When one takes up a work on preventive medicine he naturally associates it with the much-advocated means of preventing the wrongs of life, and expects to find a whole lot of sound advice about going to bed when the curfew bell rings, keeping the feet warm and clean, and bathing the whole body as often as every year or two. Not so with Dr. Cooper's book, however, and one does not read many pages of it before he begins to sit up and think, and he will think hard. In fact, as a thought producer it has no equal.

In the first part of the book methods of preventing sickness in the individual and in the community are discussed, and special attention given to the fact that "the prime requisite to good health is good birth." In order to secure this good birth the doctor believes a statutory law desirable, and says "the time is not distant when popular sentiment will justify a law requiring a certificate of physical fitness from each of the contracting parties before their marriage will be permitted." He also advocates castration as a "morally permissible means of ridding the earth of human beasts of prey." This, the doctor says, is the "only sure remedy that is practicable." Dr. Cooper says that about one child in one hundred is "well born," and that its being so born is purely an accident—it "simply *happened* that the right man and the right woman attracted each other unto marriage." In speaking of the proper care of children the doctor says: "We need only to recollect that seventy-five per cent. of all fatalities under the age of five *are preventable*."

The second part of Dr. Cooper's book is devoted to the consideration of drug therapy. In this part of the work he speaks somewhat extensively of his belief that drugs "do not cure by supplying lacks, chemical or histogenic, nor by any form of integrative cossetting. They cure by shock, general or local, or both." This, the doctor says, he *knows* to be a fact, and his clear and earnest statements lead one to feel that he, at least, *thinks* he is *sure* of the manner in which drugs prance around after they get into the human body. In referring to the action of medicines the doctor remarks: "The shock theory seems to be invulnerable. * * * Every recovery is the result of a battle between the *vis medicatrix naturae* and the foreign invader, and battle means shock. Disease is always whipped out, never coaxed out." Dr. Cooper explains his philosophy of cure in the following unique manner: "The drug electing a particular part upon which to express itself, raises a disturbance there. In the tumult the morbid tangle is shaken out, and previously deflected vital energy falls into normal line." In speaking

of tissue feeding by medicines, the doctor remarks: "This taint of ages has made almost all doctors impervious to even the hardest and keenest of opposing logic. * * * It is the function of food to feed; medicines never feed."

In part third Dr. Cooper gives an illustrative application of the principles taught in parts one and two, and reports a number of very interesting cases and some remarkable cures. This part alone is worth many times the price of the book. The work is well printed and neatly bound. Price \$1.00, postpaid. Address Scudder Brothers Co., 1009 Plum street, Cincinnati, Ohio, or Dr. W. C. Cooper, Cleves, Ohio.

Treat Bill Perkins, Not Pneumonia.

An article under the above caption published in this department of the February number of the REVIEW stated that Bill Perkins' pneumonia would undoubtedly need a treatment on Sunday different from that indicated on Wednesday. I wrote the author asking him to tell me what remedies Bill Perkins would be likely to need on the days mentioned, and in reply received the following interesting letter:

IPSWICH, MASS., Feb. 23, 1906.

Dear Dr. Fyfe:—Your letter received. I should give Bill Perkins on Wednesday such treatment as his condition demanded. He might need a sedative like veratrum on Wednesday and he might need strychnia, capsicum and ammonium carbonate on Sunday. His condition must be treated in accordance with the law of specific medication. I should not try either of the methods hereinafter cited, although the patients recovered. "One swallow does not make a summer," etc.

In the *American Medicine* of Jan. 20th was an editorial reviewing the "Cold Air Treatment of Infantile Pneumonia," as practiced by Dr. Northrup, professor of Pediatrics in Bellevue College. He details two desperate cases treated by cold air. "A room temperature which compels the attendants to wear overcoats and furs does seem harsh, but if the results are explained there should be no complaint. Cyanosis disappears, the blood reddens, restlessness diminishes, sleep comes on, the heart is stronger, the respiration is less labored, digestion is improved—and all from the cold air which bathes the little sufferer's face and enters its lungs. If such good can be accomplished by this simple means, surely an effort should be made to induce mothers to carry out the method in all such cases."

In Flint's Practice is reported the following case: A man for four days after the attack of pneumonia remained without food or drink in a lumber yard, with no shelter but a pile of boards. During this time there was a snowstorm, and the temperature was as low as 10° F. On the fourth day he was admitted into Bellevue Hos-

pital. The physical signs showed solidification of the lower lobe of the left lung. On the fourth day after his admittance deferescence occurred, and four days afterwards he was up and dressed. If Dr. Flint had been "up to date" in his methods he would have taken the hint, and announced to the medical fraternity that the proper treatment for pneumonia was a lumber yard, a pile of boards, a snowstorm, and a temperature of 10° F., the patient to be without food or drink for four days.

Very truly yours,

WILLIAM H. RUSSELL, M. D.

Good Eclectic Doctrine.

At the Portland meeting of the American Medical Association some very good Eclectic doctrine was enunciated, as is shown by the opening paragraph of the address of Prof. Billings. In part the doctor said:

"Disease is never quite the same in different individuals, nor does the picture remain the same from day to day. The treatment must be modified to meet the varying problem of the morbid process. Rational therapy calls for simple prescriptions; but if there be an objection to mixtures with fixed and known formulæ, what must one say of mixtures of secret or semi-secret composition?"

A little further on in his address Dr. Billings, in attempting to give the cause of the nostrum evil, incidentally (whether intentionally or not) strongly condemned that section of his own school which, led by Osler and his kind, have seemed to believe that the practice of medicine consisted of but little more than making a diagnosis in accordance with nosology. In regard to this fallacy the doctor pointedly remarked:

"What is the cause of the nostrum evil? There are several.

"Pharmacology and therapeutics are neglected relatively by many of our medical schools. Anatomy, physiology, pathology, diagnosis, etc., are emphasized and too often the usefulness and limitations of drugs are neglected. Too frequently drug nihilism is taught. If the student were fully taught the physiologic action of drugs, the art of prescribing, preferably single remedies or in simple combination, using if he desires the pharmacopeial preparations prepared by reliable manufacturing pharmacists, he would not be the willing dupe of the nostrum vendor, as he now is."

Apocynum in Epilepsy.

Dr. Leonard Bailey, of Middletown, Conn., reports a case of epilepsy of long standing, and which had been treated by several physicians without benefit, the drugs employed being mainly the various bromides. The woman, at the time she applied to Dr. Bailey for treatment, was having from one to three attacks of grand mal every week, and sometimes daily. The first treatment employed

was such as would aid in eliminating the bromides from the system. As soon as the doctor was convinced that the elimination had been accomplished, he put the patient on the following: \mathcal{R} Apocynum Can., gtt. xxx, water \mathfrak{z} iv; teaspoonful every three hours. At the time of reporting this case the woman had not had a convulsion in more than six months, and her general health was much improved.

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Put-in-Bay in June, 1906. J. P. Harvill, M. D., president; Finley Ellingwood, M. D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1900. A. E. Broga, M.D., president; E. H. King, M.D., secretary.

Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. D. P. Borden, M. D., president; Pitts Edwin Howes, M. D. secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth Street. V. Sillo, M. D., president; Charles Lloyd, M. D., secretary.

Kings County Eclectic Medical Society. Meets annually in February. H. Stoesser, M. D., president; M. B. Pearlstien, M. D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth Street. H. Harris, M. D., secretary.

Boston District Eclectic Medical Society. Meets the fourth Monday of each month, excepting July and August, at "The Thorndike," Boylston Street. A. W. Forbush, M. D., president; Pitts Edwin Howes, M. D., secretary.

National Eclectic Medical Association.

To the Eclectic Physicians of the United States:

The Executive Committee has definitely decided that the next meeting of the National Eclectic Medical Association shall be held June 19, 20, 21, 1906, at Put-in-Bay, Ohio.

We thought at first that the above date would be too early on account of the boat service from Toledo, Detroit and Cleveland to Put-in-Bay, but the following letter from the G. P. & T. A. of the Detroit and Cleveland Navigation Co., to T. W. McCreary, Manager of Hotel Victory, guarantees us first-class service at the time of our meeting:

Detroit, Mich., Oct. 18, 1905.

MR. T. W. McCREARY,

Manager Hotel Victory,

Put-in-Bay, Ohio.

Dear Sir:

We have your favor of Oct. 15th, and in reply will say that we will commence double daily (night and day) service between Cleveland, Put-in-Bay and Toledo June 18th, 1906, on our C. T. Line.

Yours truly,

Detroit & Cleveland Nav. Co.,

Per L. G. Lewis, G. P. & T. A.

We are assured, both by the above letter and the hotel management, that we will receive all the accommodations that we would expect in July or August.

Our Corresponding Secretary, Dr. Helbing, has written me that he has secured railroad rates of one and one-third fare for round trip. You can apply to your nearest ticket agent and find out the rate from your place to Put-in-Bay.

The General Manager of Hotel Victory offers us the following rates: A flat rate of \$3.00 per day per person, first come, first served, any room in the house unoccupied at the time of your arrival; or a sliding rate of \$2.50 to \$4.50 per day, with fifty cents extra for bath in either case. We have accepted the flat rate of \$3.00 per day.

The outlook for a good meeting is very promising. Every day I find at my desk letters full of encouragement and promises of co-operation.

It is not the part of wisdom, neither have I the desire nor inclination to repeatedly exhort the profession to their duty in attending these annual meetings. But the officers of the association do propose to thoroughly advertise the meeting, and give a cordial invitation to every Eclectic in America to come and help to advance the cause of medicine as well as to enjoy a delightful outing among the people of the Great Lakes.

J. P. HARVILL, M.D.,
President.

Selections

Syrup Trifolium Compound With Cascara.

AN EFFECTIVE COMBINATION OF AN ALTERATIVE WITH A LAXATIVE.

The superiority of Syrup Trifolium Compound with Cascara must be apparent when its composition is noted. Each fluidounce contains the active constituents of Red Clover Blossoms, 32 grains; Lappa, 16 grains; Berberis Aquifolium, 16 grains; Xanthoxylum, 4 grains; Stillingia, 16 grains; Phytolacca Root, 16 grains; Cascara Amarga, 16 Grains; Potassium Iodide, 8 grains, and Cascara Sagrada, 40 grains. The dose is from one to two teaspoonfuls, three times a day.

While it is particularly indicated in the treatment of secondary syphilis, with or without mercury, Syrup Trifolium Compound with Cascara commends itself as a general alterative. In skin diseases it evidently stimulates the action of the emunctories, adjusts the balance of waste and repair, and produces marked improvement. Many eruptive diseases are aggravated by constipation, induced by sedentary habits, and in such cases Syrup Trifolium Compound with Cascara P. D. & Co. may be regarded almost as a specific. While regulating the bowels and restoring natural peristalsis, it continues to exercise its alterative effect, which is enhanced by the elimination of waste products. In psoriasis and eczema it may be found effective when other measures produce indifferent results.

In strumous cases its favorable effect may be supplemented by combinations of iodide of arsenic, bichloride of mercury, sulphide of

calcium, or iron. As it is easily borne by the stomach and pleasant to the taste it may be taken by children for a long time without giving rise to derangement of the stomach or producing nausea.

It also proves useful as a vehicle for calcium iodide in the acne of adolescents; iodide of mercury in specific ulceration of the fauces, and for the administration of large doses of iodide of potassium in tertiary syphilis. In anemia, chlorosis, amenorrhea, etc., the most favorable results are produced by alternating it with some iron preparation.

A Few Practical Suggestions in Pneumonia.

Each case of pneumonia presents individual points of clinical interest, but it is generally conceded by the profession that the treatment now is largely symptomatic. The mistake most frequently made is the administration of too much drug in this condition when the patient is suffering for want of proper oxygen and as a result of this the standard of the blood is greatly lowered and the system filled with toxins. It is good judgment to combat these conditions by natural methods, viz., proper nutrition, which will, as nearly as possible, give to the blood what it cannot get as a result of the conditions brought about by the disease, and certainly not by drug administration. It is now clearly established that there is no specific food for this disease, consequently the symptoms arising must be combatted and great care be taken not to depress the patient's vitality. It is good judgment to use drugs when indicated and to continue as long as the desired physiological results are obtained, but the doctor must not lose sight of his patient's vitality and nutrition. Prophylaxis should always be borne in mind and this can be best accomplished by sustaining the patient.

In this serious condition a large clinical experience proves that the most perfect form of nutrition is found in Bovinine and it is best to employ it in such intervals as are indicated in each individual case. Where Bovinine is employed from the outset, the severity of the disease is lessened and complications are less liable to occur and convalescence is much more rapid. It should be employed from the outset until the end of the convalescence.

Book Reviews

The Eclectic Practice of Medicine. By Rolla L. Thomas, M.D., Professor of the Principles and Practice of Medicine in the Eclectic Medical Institute, Cincinnati, O.; Ex-President of the National Eclectic Medical Association; Consulting Physician to the Seton Hospital. Illustrated with 2 lithographs in colors, 6 color prints and 57 figures in black. 8vo., 1033 pages. Price: cloth, \$6.00; sheep, \$7.00. The Scudder Brothers Company, Publishers, No. 1009 Plum Street, Cincinnati, Ohio.

I have examined Prof. Thomas' "Eclectic Practice of Medicine" with a great deal of care and with such gratifying results that I

feel no hesitation in saying that in my opinion it is unquestionably the best one-volume work on practice that I have ever seen. It requires great skill to describe important subjects and procedures in a few words, as has been necessary in this work in order to cover the vast field known as the practice of medicine. This Dr. Thomas has accomplished, however, in a book of but little more than one thousand pages—not by omitting any essential points, but by the construction of sentences which, for brevity and lucidness, are fine specimens of most excellent English. Take, for instance, the article on typhoid fever. Here Prof. Thomas gives all of the valuable points in definition, history, etiology, exciting causes, modes of conveyance, pathology, symptoms, complications, diagnosis, prognosis and treatment in a little less than twenty pages. In a noted "System of Medicine" which I have in my library ninety-five pages of smaller type are given to the same subjects, and still I think Dr. Thomas' article of the greater value to the general practitioner of medicine. The entire list of diseases are covered by the doctor in the same brief, interesting and practical manner. The different diseases are conveniently classified under the general heads of infectious diseases, diseases of the respiratory system, diseases of the circulatory system, diseases of the urinary system, constitutional diseases, diseases of the blood and ductless glands and diseases of the nervous system. Part ten treats of intoxicants, sunstroke and obesity, and part eleven of animal parasites. A miscellaneous department includes weights and measures, incompatibles, poisons and antidotes; and eighteen pages of the work are devoted to full and well arranged indications for remedies. A good index adds much to the value of the book, as well as to the convenience of the reader. The whole work is beautifully printed and substantially bound.

J. W. F.

Christianity and Sex Problems. By Hugh Northcote, M. A. Crown octavo, 257 pages. Bound in extra cloth. Price \$2.00, net. F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia.

This book deals with very many interesting and complex subjects all of which are handled in a masterly style by the author, and cannot fail to be interesting to the thoughtful reader.

The Physical Examination of Infants and Young Children. By Theron Wendell Kilmer, M. D., Adjunct Attending Pediatricist to the Sydenham Hospital; Instructor in Pediatrics in the New York Polyclinic Medical School and Hospital, New York; Attending Physician to the Summer Home of St. Giles, Garden City, New York. Illustrated with 59 half-tone engravings. 12mo. 86 pages. Bound in extra cloth. Price 75 cents, net. F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia, Pa.

The examination of young children is often made so hastily that a book that illustrates the amount of knowledge that can be ob-

tained by care and precision is useful and should be read by students and practitioners.

A Laboratory Manual of Physiological Chemistry. By Elbert W. Rockwood, M. D., Ph. D., Professor of Chemistry and Toxicology and head of the Department of Chemistry in the University of Iowa, etc. Second edition, revised and enlarged. With one colored plate and three plates of microscopic preparations. Large 12mo., 229 pages, extra cloth. Price, 1.00 net. F. A. Davis Company, publishers, 1914 Cherry Street, Philadelphia, Pa.

This is not an exhaustive work, but is a practical students' guide. As the author says, "the book has been prepared with the aim of imparting accurate knowledge through the student's own observation." The book is neatly gotten up and the three or four plates that it contains are clear and comprehensive.

Items

We have just received the Wm. S. Merrell Chemical Company's new 1906 price list. The cover is printed in three colors, green and gold predominating, and presents a very pleasing and artistic effect. The price list proper is full of the "good things" made by this company and covers about everything in the line of pharmaceuticals, fluid extracts, plain and coated tablets, elixirs with full formulas, hypodermic tablets, pills, syrups, wines, five specialties, German tinctures, normal tinctures, educts from oil of wintergreen, etc., etc.

This is a price list which is of value, not only to the prospective purchaser of chemicals and pharmaceuticals, but to any practicing physician, giving as it does the assay standard of official and unofficial fluid extracts. In the reference notes it gives a mass of valuable information together with special reference to the well-known Merrell line of specialties. One of these lists may be secured by writing to the Wm. S. Merrell Chemical Company, Cincinnati, Ohio.

We have had to omit County and Local Society Notes for want of space in this issue.

Dr. Eli Denny is now located at Nassau, New York. We were all glad to see him at the state meeting.

Five members of the Eclectic state board were present at the meeting March 7 and 8.

For a man of some experience there is a fine opening at Brewerton, New York. The late B. M. Genung for many years commanded a fine business, and his office is now for rent.

President Krausi delivered his address with eloquence and dignity. His address is printed in full in the Review.

F. V. Foster has opened offices at Caledonia, New York, and promises to attend our next state meeting.

The Illinois Eclectic Medical Society hold their annual meeting in Chicago at the Auditorium Annex, May 9, 10 and 11.

Catching cold is an indication of an impaired activity of the skin, and occurs most frequently with people of weakened capillary circulation, the result of wearing woolen undergarments.

Such affections as catarrh, bronchitis and pneumonia are traceable to the same predisposing cause. The retention of waste material, attending the wearing of woolens next the skin, gives rise to inflammatory disease of internal organs, including Bright's disease.

A change to the *Dr. Deimel Underwear* is usually followed by immediate results for the better. The skin, heretofore covered with a clammy layer of unabsorbed perspiration and debris, assumes a normally dry and elastic condition. It is, so to speak, toned up. Exposure is not felt so much, nor is it followed by attacks of cold; catarrhal and rheumatic tendencies disappear and the danger of pneumonia is greatly lessened. Within a short time the wearer wonders at the marvelous change for the better which has taken place in his general health, and is surprised that he ever could have worn woolen underwear.

The Kings County Eclectic Medical Society held its annual meeting at the Assembly February 12. This was one of the best meetings that Kings County has ever held. The attendance was good, the papers excellent and the entertainment in the evening very enjoyable.

Dr. Heinrich Stern has opened a private clinic at 58 West Ninety-first street, New York City, for the special treatment of gastro-intestinal disorders and renal affections.

Dr. Charles Lloyd has removed his offices to 126 Amity street, Brooklyn.

Dr. E. B. Foote has just celebrated his seventy-seventh birthday anniversary, and we wish to add our congratulations to the many we know he must have received.

Dr. Henry J. Doll is doing a fine business at 42 Meyers street, Buffalo, New York.

Dr. Alfred W. Herzog has removed his offices to 465 Lexington avenue, in the building of the New York Physical and Surgical Hospital.

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

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No. 4.

The National.



HOTEL VICTORY, PUT-IN-BAY ISLAND.

We publish the above cut to remind you that our National will meet at this very interesting island June 19, 20 and 21, and that this particular hotel—Hotel Victory—will be the headquarters and meeting place. We expect New York and New England to be well represented at this meeting. It is true that New York and New England have been rather shabbily treated in the appointment of section officers, committees, etc., but their interest in the organization as a whole cannot be influenced by the few responsible for these appointments. A goodly delegation has already promised to attend, and you may be sure that they will take a live interest in every detail of the meeting.

Euthanasia.

If the statements constantly being published in the lay press truthfully represent the facts the people must be numerous who advocate euthanasia for persons afflicted with painful and supposedly incurable diseases.

In several of the states believers in relief of human suffering by means of a procedure which has heretofore been deemed applicable only

to the brute creation have brought before their legislatures proposed laws giving to every sufferer who desires it the right to a speedy and painless death. In other words, proposed laws authorizing, if not compelling, physicians to kill human beings in much the same manner, and for the same reasons, that old, decrepit and hopelessly injured dogs and horses are now relieved of their sufferings.

One of the most radical of these proposed laws was recently brought before the Iowa legislature by a member who is himself a physician. This man would not only shorten the agony of all who are supposed to be slowly dying in pain by poisoning them, but he would "prevent the rearing of all deformed and idiotic children." That is, he would murder them, too. He does not put the matter in just this plain way, but it is always best to call things by their right names. He would prevent "rearing" these unfortunate children by the judicious use of chloroform and morphine.

In order that every victim may have a "square deal," this Iowa man's proposed law provides that before any of these legalized murders can be committed three physicians and the county coroner must agree upon the necessity for the killing, and *whenever practicable* the consent of the patient must be obtained. The nearest relative must also assent to this painless taking off. The law is to be mandatory, and have a heavy penalty for any attempt to evade responsibility. The slightest deviation from the prescribed rules will subject the attending physician to the penalty for murder in the first degree. It will, therefore, be readily seen that, in the event of this bill becoming a law, the profession in Iowa will be placed in much the same position as the sailor who was said to be located between the devil and the deep sea.

Those who believe in euthanasia are usually persons who have watched some dear one perish in some one of the awful ways in which death occasionally comes to human beings, and they can see but one side of the question. They will not consider calmly the fallibility of human judgment, or the fact that many thousands of apparently dying persons, after long continued suffering, have fully recovered, and thereafter lived many happy years. Nor will they consider the fact that no legislative or other body of human beings can confer the moral right to take human life. Possibly capital punishment may be justified on the ground of its deterring others from committing murder, but the taking of human life for the sole purpose of avoiding a few days, weeks or months of pain can hardly come within the range of human authority.

J. W. F.

Original Articles

Address by Henry Stoesser, M. D.

Read before the annual meeting of the Kings County Eclectic Medical Society February 12, 1906.

In behalf of the Kings County Eclectic Medical Society, I bid you welcome to this, our executive session, and extend to you a

cordial invitation to participate in the discussion of the essays about to be read, to report cases and experiences of interest.

As Eclectics, we take especial pride in our progressiveness, a distinction more readily attained through frequent interchange of ideas and experiences. It is for this reason that I believe frequent meetings are of great value—uncertainties may be corroborated, errors corrected, suggestions given and received and results compared. Scientific deductions can only be made on such a basis—and scientific progress is the aim of Eclecticism. It is for us by our actions and works to create so favorable and lasting an impression upon the public, that we elevate our cherished cause to the level where it justly belongs. There are countless thousands who judge the importance and justness of a cause by the number of its adherents rather than by its object and effect. We believe that by constantly engaging the attention of the public by a more rational and humane system of practice, we must gain converts and so directly benefit humanity. It is not enough to have well equipped colleges, learned professors and lecturers; it is not enough to assemble at intervals to discuss essays and scientific subjects. We must, as often as possible, show our strength numerically as well as intellectually. It is a source of great satisfaction at our annual meetings, state, national and local, to learn that Eclecticism is flourishing all along the line, increasing in numbers and influence. As an integral part of the great body, I sincerely trust we are sharing in this wonderful growth. There is no doubt in my mind but that this great natural system of medical practice is being evolved into the most perfect system the world has ever known.

But this evolution will only be the result of gigantic efforts—efforts made by each one of us individually—and so, brick by brick, the great superstructure of a perfected Eclecticism will be reared.

I would especially exhort those present to-day to make an earnest attempt to attend the State meeting, to be held in Albany, March 7 and 8, and the National Society at Put-in-Bay in June. There is much truth in the old proverb, "In union there is strength"—a few united are more powerful than many ununited. Let us sacrifice, if need be, something for our school to strengthen our institutions and thus directly our individual selves.

HENRY STOESSER, M. D.

The Pulse a Sign of Disease.

BY W. J. KRAUS.

Read at the annual meeting of the Kings County Eclectic Medical Society.

At each contraction of the heart, the throwing of the contents of the left ventricle into the aorta, which causes a sudden change in the character and fullness of the systemic arteries, manifested by

an elongation and dilation of the arteries produces what is known or designated as the pulse.

The radial artery, at the wrist, is usually the point selected by the doctor to estimate the character, height, rapidity and variation of the pulse. This is not so much because the radial artery is more discriminating as a differential diagnostic factor, but, apparently, as a matter of convenience.

It is very important and of considerable diagnostic value to carefully observe, at the inspection of a case under consideration, if pulsation is observable in any part of the organism particularly in the neck and epigastric region. For ordinary purposes slight compression of the radial artery enables one to detect any change or changes in the rhythm, quality and character of the pulse. In this manner a quick and ready idea may be formed of any variation in hardness, distention and regularity of the pulse.

The movement of the artery perceived by the finger appears to be a simple physiological factor in the vital phenomena, but in reality to the educated fingers, the variations in the rhythm, tension and compressibility manifested are of inestimable diagnostic and prognostic value. In many instances, particularly in the treatment of sub-acute febrile cases or the many forms of chronic diseases where organic changes are taking place in an imperceptible, surreptitious and secretive manner, the pulse predicates and indicates the first sign of danger.

I have no desire to belittle the sphygmograph, that instrument is invaluable in many respects, particularly in determining the kind, character and variation in the pulse waves and the oscillations of the blood column, but I do assert, without fear of contradiction, that the educated finger has far greater value in many instances as a ready and immediate means of diagnosis and prognosis; and that one can almost to a certainty, with more or less assurance, diagnose organic changes, particularly changes in the vascular tissues as a whole or in part. The nearer such organic changes to the heart the more apparent and recognizable they become by the pulse.

The pulse primarily is caused by the heart's action, but is nevertheless greatly modified by the properties in disease of the blood vessels. On the heart depend the rate, the rhythm, and to a very large extent, the force of the pulse. On the vessels depend the mode and character of the blood flow and its passage. By virtue of their construction, their elasticity, the larger arteries convert the jerky, intermittent impulse of the heart beats into a flow of regular waves, and any considerable variation in the blood vessels will govern and change very largely the fullness, rhythm or tension of the arterial system. And so the educated finger can readily detect changes in the vascular structures, inflammatory, metamorphic, degenerative or senile.

As to the variation and frequency of the pulse in infancy, youth

and old age, pyrexial attacks, etc. They, the pulse variations, are important only so far as they are indicative of vascular changes in the structure of an organ or organs or the nervous system, particularly the medulla. Tachicardia and bradicardia are more often neurotic, either central or peripheral, or due to the intrinsic ganglions of the heart because of some structural change in that organ. Neuritic manifestations are, in most instances, primarily due to intrinsic vascular changes. An intermittent pulse without any organic or structural changes of the heart with a rapidly manifested anemia has often aided me in diagnosing a deep seated malignant disease. Though intermittent heart action is present in a large percentage of elderly people who otherwise appear to be healthy, irregularity becomes important and is indicative of pathological changes when the rhythm becomes disordered and an inequality is present in the force of the pulse. Rhythm and force are frequently and in most instances associated or they may succeed each other at equal intervals, though one or the other may exist alone.

The pulse may be entirely suppressed, as it were, in all the arteries caused by heart disease or weakness. I wish to point out, so to speak, the erroneous idea or conception found in many books that the force of the pulse, or the amplitude of the pulse trace, is indicative of the heart's strength or power. As a matter of fact a moderately strong ventricle will produce an easy blood-flow through the capillaries, there being no obstruction, giving a forceful ample pulse but easily compressed; while the same ventricle with even more force, where there is lessened capillary permeability, will produce a pulse with less force, less ample, but less easily compressed. In the first instance we have a free capillary circulation, no congestion or centralizing of the blood; in the latter condition we have a centralizing of the blood or congestion, or semi-congestion of some organs. In inanition or intrinsic malassimilation the capillary circulation is easy, the heart action rapid, but the ventricular contraction sudden and shorter, the pulse weak and soft, while on the other hand when some circulatory poison or obstruction is present, contracting the peripheral capillary, the heart action becomes less frequent, the ventricular contraction longer and less sudden, the pulse develops hardness and incompressibility. The pulse's tension or weakness is caused by and of an obstructed or free capillary circulation, in other words, the hard and the soft pulse.

The flickering pulse is indicative of unequal ventricular contraction, feeble heart action and want of heart tone and nourishment. When the capillaries are contracted the pulse becomes hard and wiry.

Many diseases have their almost ever present peculiar pulse, with but slight modification, but such modification in the pulse is indicative of variations in the character and amount of the irritation or pathological changes taking place, or the poison or poisons present.

Some writers give one hundred or more varieties of pulses, some being in existent *de facto*, others simply names, the product of the imagination. The hard pulse in peritonitis, enteritis and pericadritis is, with but few exceptions, indicative (before fluid effusion) of the extent of tissue involved and the amount and character of the poisons present. The hard, slow, large and gradual pulse of contracted kidneys, the hard, large pulse of cardiac hypertrophy and degeneration of the blood vessels, are diagnostic of the pathological condition present even before a physical examination is made. Particularly is this true in the pulse of aortic insufficiency where the ventricle is still strong, giving the large, hard, jerky and vibratory oscillations. The soft, small, "running" pulse of collapse in fevers vividly portrays the exhaustion of vitality and resistance.

In acute endocarditis the pulse is practically the only differential diagnostic point, as to whether the myocardium is involved or not. In acute endocarditis the pulse is sharp, quick and irregular; if myocarditis is also present the pulse becomes feeble and compressible. In many stout patients, where heart sounds are difficult to determine, the radial pulse appearing, in point of time, a little after the apex-beat is diagnostic of aortic regurgitation. The irregular, exceedingly feeble, compressible and tremulous on excitement of the radial pulse, prominence and pulsation of the jugular, is always diagnostic of mitral regurgitation. The irregular pulse, with epigastric pulsation, the face blue and turgid, stupor, with symptoms of cerebral compression, are indicative of tricuspid regurgitation. The full and strong pulse, with carotid pulsation, easily flushed face and eyes brilliant, is always indicative of cardiac hypertrophy, either simple or eccentric, or, at times, in concentric. The weak intermittent pulse, with disturbed rhythm, countenance pale, languid and anxious, and upon the slightest excitement the pulse becomes very irregular and intermittent, is always a sure indication of the presence of cardiac dilatation.

The lighter forms of irregular pulse are frequently symptoms of transitory disturbances of the nervous system, or of reflex influences affecting the rhythm of the heart; the cause, evidently, arising in various organs or frequently due to nervous or mental shock, or general neurasthenia. Such influences are, as a rule, transitory and end in complete recovery. Nevertheless, in all cases of irregularity of the pulse it is absolutely requisite to make a careful examination to ascertain, if possible, the organ or organs involved. To my mind transitory irregularity of the pulse is in reality due to some pathological condition, either in interstitial nutrition or exudation, diapedetic or endosmotic. Unless such cause, or causes, are removed such pulse intermittance is apt to remain an occasional phenomenon throughout the greater part of life.

Irregularity occurring in valvular disease is a sign of insufficient compensation, and the degree and duration of the irregularity is a guide to the degree of insufficiency. Irregularity occurring in febrile diseases is an evidence of the exhausting influences of the infection or poison on the heart and nervous system.

There are many diseases, or pathological conditions, in which epigastric pulsations are diagnostic. The more prominent and the more area such epigastric pulsation manifests, the greater the obstruction. Epigastric pulsation may predicate aneurism of abdominal aorta; aneurism of the celiac axis; tumors lying upon or "crowding" the abdominal aorta; loose attachment to the vertebra or relaxed condition of the abdominal aorta; displacement of the heart toward the right side; changes in the vessels of the left lobe of the liver, permitting transmission of the heart's impulse; in some cases of tricuspid regurgitation, pulsation in the hepatic vein and inferior vena cava are manifested, etc.

Types of Physique and Their Relation to Health and Disease.

BY J. A. DENKINGER, M. D.

Read before the Boston District Eclectic Medical Society, March 26, 1906.

In the days when the pathology of disease was but little understood and diagnostic methods lacked the precision which we can now fairly claim for them, medical authorities attached the greatest importance to such topics as temperaments and diatheses. In those days, physicians prescribed for a man's temperament as we now do for his disease. This, of course, was carrying the matter too far, but to ignore the doctrine of temperamental influence is almost as bad. For a physician to neglect to take into consideration those constitutional differences between man and man, which, in want of a better name, we call temperament, is to deprive himself of a most valuable aid in the prevention, diagnosis and the rational treatment of disease. Temperamental knowledge not only helps the physician to better understand many a patient's disease, but it will often enable him to understand the relation of the patient to his disease, and to know and to correctly appreciate the constitutional elements of the patient is of the greatest importance.

Temperament is a constitutional condition produced by the mixing, in various proportions, of certain physical elements. A particular temperament is the result of the predominance of one of these elements over all the others, all the elements existing in each case. Temperament simply takes cognizance of the relative development and functional powers of the various classes of physical organs and the kind of influence they exert upon the mental and physical character of the individual. Temperament

does not only indicate mental characteristics and tendencies and the degree of activity and energy of the brain, but it reveals much of the physiological status of the individual, the power of the constitution to resist disease, and under certain conditions the predisposition or liability to certain classes of diseases. In this paper I shall confine myself strictly to the physical traits and tendencies of temperament.

Temperamental literature in its physical aspect is not extensive, and the earlier treatises are rather misty. In ancient times there were recognized four primary temperaments, which were described by Hippocrates as dependent upon four primary components of the body. He in whom the blood predominated was said to have the sanguine temperament; if the "phlegm" was in excess, the phlegmatic; if the "yellow bile" was most fully developed, the choleric, and if the "black bile" was most abundant, the person was said to be of the melancholic temperament. Later on, with the increase of anatomical and physiological knowledge, and the dawn of a rational pathology, the classification and description of the ancients was modified from time to time, but writers on temperament are by no means in perfect agreement as to classification and description even to-day, but their differences are more apparent than real.

The classification having the widest recognition amongst medical men, recognizes four temperaments. The sanguine, the lymphatic, the bilious and the nervous. These are related to the four great organs of the body, the lungs, stomach, liver and brain. This classification and system has a solid foundation and a real value. The lungs, stomach, liver and brain furnish four distinct influences, either of which predominating gives its peculiar conformation and complexion to the body as well as its specific tone to the mind. This is the classification used by Dr. W. Byrd Powell, one of the early Eclectics and an original thinker in his work on the human temperaments, a work of great merit. According to Dr. Powell, there existed only two temperaments among primitive races, viz.: The sanguine and the bilious, which he termed primitive or vital temperaments. The other temperaments, the lymphatic and the encephalic (Powell's name for the nervous temperament) he termed adjunctive and non-vital temperaments, and he claimed that they are only found in (so-called) civilized nations, are engrafted on the primitive and result from the modes of living peculiar to civilization. Without endorsing Powell's theory as to primitive and adjunctive temperaments in detail, it is certainly true that the so-called vital temperaments of Powell, the sanguine and bilious, represent a high type of vitality and physical vigor, whereas the non-vital temperaments of Powell, viz.: the lymphatic and encephalic, are relatively deficient in vitality and physical vigor. The fact that different systems or classifications of systems of temperaments are

taught, and that some writers recognize three, others four, others five and even six temperaments need not disturb the student, there are in fact as many temperaments as there are organs and functions having a modifying influence.

As I want to bring to your attention a system of temperamental types, or, as I prefer to call them, types of physique, which in point of clearness and ease of application has certain advantages over the older systems, I shall not take your time by a description of the older systems, but proceed at once to the new.

The classification of physical types or temperaments which I prefer, is a modification of the classification first outlined by Dr. F. Thomas of Paris. Believing that every organ acts with a degree of energy in proportion to its size, other things being equal, he divided the organs into a number of groups or systems, which he viewed as producing all the vital energies of the frame. His first group, which he believed to produce the so-called lymphatic temperament, are situated in the abdomen, and their office is to digest food and make blood. The second group comprise the heart and lungs; they are located in the chest, and their functions are to circulate and purify the blood; they form the so-called sanguine temperament. The third group are situated in the skull, and consist of the brain and its ganglions, and give rise to the so-called nervous temperament.

On the different degrees of development of these systems, to which we add the motor system, consisting of the bones and muscles, and the proportion these systems bear to each other, depends the temperament of the individual. It is simply a grouping of those organs or systems of organs having a similarity of function. With the exception of the motor system, these groups are in striking harmony with the development of special regions of the body.

The temperaments are never found pure or unmixed in any individual; every person has, in fact, a mixture of all the temperaments. To view the temperaments correctly, we must look upon the different organs of the body not as a unit, but as aggregations.

Says Morgan: "I conceive the doctrine of the temperaments to originate in physical imperfection, and its leading principle to be that the most perfect human form and the highest mental endowments have a necessary relation, and that any divergence from symmetry of parts and exquisiteness of outline modifies the mental and physical functions either by unduly exciting them or by diminishing their energy. To fully comprehend the temperaments, a correct idea of a perfect physical organization ought to be formed in the mind and this ideal picture should be retained in the memory in order to be re-called at pleasure for the purpose of comparing the forms of individuals with it so that the degree of their

imperfections and their constitutional peculiarities may be easily distinguished and their temperaments ascertained."

Equally balanced temperaments are exceedingly rare. In most persons one or more temperamental elements predominate, and it is the object of the physician, as well as the student of character, to determine the relative development and functional power of each temperamental factor and to estimate the influence they exert upon the individual. The temperaments are modified and capable (within certain limits) of being radically changed by the diet, exercise and habits of the individual as well as the climate he lives in; there is also a gradual change of temperament all through life.

I will now briefly sketch the main features of the different physical types and temperaments when seen in predominance.

1st. The Abdominal Type (corresponding closely with the old phlegmatic and lymphatic temperaments). The external indications of this type are a relatively large abdomen with a relatively smaller thorax; more or less general corpulency; fullness and roundness of form; soft and flabby muscles; features full and heavy; chin often double; full, sometimes overhanging, cheeks; short, thick neck; circulation sluggish; pulse slow and feeble; movements slow; expression flat, stupid or mild.

The vital energies being greatest in the digestive organs, more nutritive elements are extracted from the food and taken up into the circulatory system than the relatively smaller lungs can properly oxygenate and sanguinify. Persons of this type are indolent, soon fatigued and they are usually great feeders and sleepers. Some, however, eat sparingly, but all enjoy what they eat, and, owing to their excellent digestive powers, they get more nutriment out of a given quantity of food than persons who are differently constituted.

The diseases to which persons of this type are most liable are the various diseases involving faulty metabolism: obesity, gout, diabetes, also apoplexy, paralysis, heart diseases, especially fatty degeneration of the heart, arterio-sclerosis, varicose veins and hemorrhoids. This type is also characterized by lack of vital resistance in case of accidents and surgical operations and also makes a bad showing in pneumonia. Earlier in life persons of this type usually possess good powers of digestion, but later in life, often the result of long-continued abuse of their digestive organs, they frequently suffer from dyspepsia, constipation and vertigo. In general, this type is characterized by a rather low degree of vitality and presents but little resistance to disease, although its representatives usually enjoy good health, but when taken seriously ill, they are more liable to succumb than representatives of other types. This type is also more liable to sudden death than any of the other types. I shall have more to say about this type when speaking on obesity.

2nd. The Thoracic Type (corresponding with the sanguine temperament of many writers). Characterized in cases of marked predominance by a large development of the thoracic region, including the heart, lungs and respiratory muscles; abdominal region subordinate in point of development (at least in youth); likewise the bony and muscular and brain systems. There is moderate plumpness of form; flesh firm; face full, but not obese; chin round, but not fat or double; curves predominate. The expression is cheerful and lively; movements quick, pulse full and frequent, due to good arterial circulation; complexion and color of hair and eyes light, very rarely dark. The lungs being large in this type, the blood gets properly oxygenated and is energetically propelled through the arteries by a vigorous heart, the system is thereby greatly stimulated, causing a restless anxiety to expend the energy imparted; the muscles and brain alike partake of this influence, and persons of this type feel very acutely and have a strong desire for gratification.

The diseases to which persons of this type in predominance and poorly sustained by the other types, are most liable, are diseases of an inflammatory nature, diseases of the heart and arteries, atheromatous degeneration of the arteries, hemorrhages, inflammatory fevers, gout, rheumatism, pneumonia and apoplexy. This type requires less tonic and stimulating treatment than the abdominal type, is best able to restore vital losses, and is said to bear venesection better than the other types.

Under the influence of too much food and drink and the wrong kind of diet, along with insufficient exercise, this type, especially in later life, takes on considerable of the abdominal type, which I have already described.

3d. The Brain Type (corresponding with the nervous temperament of the older writers), is characterized when predominant by a stature below, rather than above, the medium; a frame slight and delicate; head relatively large, as compared with the body, and especially as compared with the face; head wide and square at the top, tapering toward the base (pear-shaped); thoracic and abdominal systems poorly developed; bones and muscles small; features delicately cut, small and often sharp; figure rarely striking and commanding; face mobile and expressive; motions quick; eyes bright; hair fine and soft, and not overabundant; complexion pale; skin delicate and transparent; nose straight and thin, seldom aquiline, often pointed; nostrils narrow and thin; lips thin, or of moderate fullness; chin pointed; cheeks thin; cheek bones prominent, but not wide; jaws rarely strong and powerful; neck, long and thin; pulse quick.

This type in predominance and badly sustained by the abdominal, thoracic and motor types is very liable to physical exhaustion; persons of this type are specially liable to overwork. The

diseases to which this type predisposes are those of a nervous and spasmodic character, manifesting themselves in many forms, such as headache, neuralgia, sleeplessness, indigestion. This type is also very liable to tuberculosis, especially tuberculosis of the lungs, and insanity, especially monomania. It is the most favorable of all types in point of mental activity, but lacking in physical stamina wears out too fast. This type is exceedingly sensitive to all mental and physical impressions; persons of this type are also very fastidious.

It is more readily and quickly affected by medicines than any other type, and requires smaller doses.

4th. The Motor Type (corresponding more or less with the bilious temperament of other writers) depends upon the predominance of the bony and muscular systems in the framework of the body.

This type in predominance is characterized by a relatively large frame, spare or lean rather than plump, with bones proportionately large and long, rather than broad; the muscles are firm and dense; there is great scarcity of adipose tissue; the general build is athletic; the figure often tall and striking; outline of form angular and prominent; shoulders broad; limbs long; thoracic, abdominal and brain systems relatively weak; face oblong, or more frequently rectilinear; features generally prominent and sharply defined, often harsh and homely; hands powerful, grip firm and assuring; nose prominent and large, often aquiline; nostrils often thin; lips firm and long, often convex; chin long, prominent and bony; cheeks only moderately full, often hollow; cheek bones high and prominent; jaws wide and prominent; neck long; flesh hard; expression grave, determined, often stern; pulse firm, hard and regular; complexion and color of hair and eyes usually dark, rarely light; hair, abundant, strong, coarse and stiff. Firmness of texture characterizes all the external organs of the body, imparting great strength and endurance, with an almost unlimited capacity for mental and physical labor. This type can do with less sleep than the thoracic and abdominal types. A favorable combination of this type and the brain type is most favorable to mental activity and force of character. It is the temperament of leadership in every field. There are two divisions of this type, the osseous type, depending upon a predominance of the bones over the muscles, and the muscular type, depending upon a predominance of the muscles over the bony system. The former is indicated by a long, slender, bony frame, weak muscles, long, slim fingers and limbs; large joints; square shoulders; a rectilinear outline of face, hollow cheeks, and slow, awkward movements. The muscular type gives a rounder form and a broader and more muscular build; a short muscular neck; large, broad shoulders; a wider head and face; wider chin, jaws and cheek bones; a quick, firm, decided step; rapid mo-

tions; restless physical activity; greater physical energy, executive power and endurance.

As to the tendencies to disease when this type is largely predominant. This type gives great tenacity of life and power to resist disease. It has nevertheless its weak points. The hardness, energy and indifference to physical discomfort of persons of this type lead to imprudent diseases of the lungs, liver, stomach and bowels, rheumatism and dietetic abuses, and thus render them liable to many diseases, especially diseases of the lungs, liver, stomach and bowels, rheumatism and malaria. In this type there is a lack of biliary activity, deficiency of bile secretion and a sluggish portal circulation, the bowels are often constipated, the skin dark sometimes sallow indicating hepatic torpor. Persons of this type do not readily get sick, but when sick do not readily recover but hang on, in other words they are liable to chronic rather than acute, to lingering rather than inflammatory diseases.

You may have noted that I mentioned a predisposition to digestive troubles resulting from a certain predominance of the brain type and the motor type, as well as of the abdominal type, in the motor and brain types this predisposition is, relatively speaking, a matter of constitutional tendency, whereas with the abdominal type, it is more frequently due to long-continued abuse of the digestive organs, resulting in degeneration with its train of stomach, liver and kidney troubles.

These are some of the indications and tendencies when one type or temperament strongly predominates over the others. These indices will readily enable any one to determine not only the predominating type to which each individual belongs, but also the one next in influence and their relations to general health and constitutional liability to disease, but it is well to keep in mind that it is the predominant type which most determines the constitutional tendency, the other types simply modify or temper the predominant type in proportion to their development and activity.

In now treating the subject of types of physique in their relation to longevity, I must, for lack of time, forego the discussion of some of the most important factors, such as long-lived ancestry, which is simply saying that the individual should have a good inheritance, also *environment*, or the condition into which the individual is born, neither have I time to take up the manner of living, the question of temperance or intemperance in eating, drinking, rest, recreation and work, the influence of fear and worry and the psychic atmosphere in general, but I shall touch on some of the physical factors or, more correctly, on some of the external indications of probable longevity.

As to the relation of temperamental types to prospective longevity, the greater the balance of the temperamental elements (perfect balance would be physical perfection) the more favorable the prospect of a long life.

Relatively speaking, the thoracic type, containing as it does the

principal vital organs, is more favorable to general vital vigor, the motor type to physical endurance and power to resist disease.

A long well-proportioned trunk is one of the best signs of probable longevity.

Persons with that type of trunk, other things being equal bid fair to live to an old age. As to stature, we may say in general, that persons of moderate height are better adapted to pass successfully through the ordinary trials of life and the extraordinary ordeals of disease than very tall people.

The thoracic capacity of persons of medium height is relatively greater than that of very tall persons. Their trunk is usually as long as that of taller persons. This is shown by the fact that in a sitting position the shorter individuals sit as high as taller people, the greater height of tall people being usually due to longer legs and sometimes longer necks. It is noteworthy that short legs and long trunks are peculiar to an unusually large percentage of people living to an old age. Very tall individuals are rarely so well developed and robust as those of shorter stature, their vital forces are not only weaker, but they are also sooner exhausted. Very tall, spare individuals with narrow chests are generally deficient in circulatory and respiratory and frequently also in muscular power and have a much greater tendency to diseases of the lungs, especially tuberculosis, than those of medium height. In persons above the average height, one is more likely to find a development of bone and muscle at the expense of the vital internal organs.

Extreme leanness is unfavorable to longevity and rapid emaciation denotes the approach of some form of wasting constitutional disease such as phthisis. Both over-weight and under-weight are unfavorable to longevity, the former probably more than the latter. Just as short, stocky, thick-boned persons are predisposed to obesity and its attendant evils, so under-weights are more prone to develop tuberculosis and nervous diseases. Light-weights have their diseases before 40, heavy-weights after 50. Light-weights are frequently underfed and overworked and apt to suffer from malassimilation; they are usually of a nervous type and so wear out quicker than men of ordinary build. There is, however, a class of under-weights, who are of a wiry, tough make-up, mostly bone and sinew (predominance of the motor type), who have good resisting power and are long-lived.

As to the typical chest in phthisis, recent exhaustive studies by Besseusen and others show that the phthisical chest is not the so-called flat chest, as the projecting scapulae may make it appear, but it is a narrow chest, tending to the rounded form, with a relative elongation. This narrow chest, oftener than not, belongs to tall persons.

As to abdominal development, a large, protuberant abdomen is decidedly unfavorable to long life. In a thin man, says Greene, a big belly (poached-egg belly) is invariably pathologic and suggests dila-

tation of the stomach or colon, tuberculosis, hepatic cirrhosis, splenic enlargement, ascites, morbid swellings and growths.

I will have more to say on the question of over-weight under the head of obesity.

Relations of the brain and skull to constitutional vitality and longevity.

We owe the observations on these relations almost wholly to the phrenological school of brain students. To my mind, few things are better established than that the centres controlling vital force and resistance of the constitution to disease are located in the base of the brain and depend more particularly upon the width and depth of the middle lobes of the brain. The so-called life-line, the first application of which to the prognostication of vital tenacity and longevity we owe to Dr. W. Byrd Powell, of Covington, Ky., and at one time Professor of Physiology at the Eclectic Medical Institute in Cincinnati, is based upon the relative depth of the middle lobes of the brain below the bases of the frontal and occipital lobes. This measure of vital tenacity may be taken in two ways. First, by simply noting the depth of the orifice of the ear (which is practically on a line with the base of the middle lobe of the brain) below a point drawn from the external angular process, (which point is on a level with the base of the frontal lobe) or, and this was Powell's method, draw a line from the external angular process to the occipital spine, which corresponds to the base of the occipital lobe, and note the distance from that line to the opening of the ear. The greater the depth of the middle lobes, the lower the opening of the ear below the horizontal line and the greater is the vital tenacity and life-force and the better is the prospect of long life. The difference in the depth is as low as $1/16$ of an inch and high as an inch and a half. According to Powell, in a brain of medium size, one inch places the individual considerably beyond the reach of an early death, except of course by accident or violence. On the other hand when the depth of the middle lobe is reduced to $1/2$ inch or less the prospects of a long life are very poor. Dr. Powell differentiated vital tenacity and vital vigor. He believed that vital vigor was indicated by a broad base to the head, a broad and full development of the cerebellum in conjunction with a broad, full and thick neck and a healthy complexion and he taught that in those so organized, all the functions of the body are vigorously performed but that nevertheless this state of vital vigor is frequently attended by a very feeble vital force of vital tenacity making this class more liable to epidemic mortality and otherwise short lived.

Without committing myself to Powell's differentiation of vital tenacity and vital vigor, I believe that the width of the head above and immediately before and back of the ear has also to do with the power of vitality and should be noted as well. All narrow-headed beasts, birds and fishes have a weaker hold on life than those with broad heads. In case of infants, if the head (middle lobe of the brain) is narrow

and the opening of the ear is high up (lack of depth of middle lobe,) their prospects of a long life are poor compared with infants with heads broad between the ears and the opening of the ear low down. The third head-point favorable to vital tenacity is a high and broad superior-occipital region the so called rear crown of the head, this region is especially related to physical hardihood and endurance.

A fourth head-point is a good development of the cerebellum, indicated by width and depth of the head immediately back of the mastoid processes and producing fullness of the nape of the neck at that point.

When the head is broad in the region about the ears and the ears set low, indicating breadth and depth of the middle lobes of the brain, with height and prominence of the rear crown, along with a large development of the cerebellum, all of which points can be rapidly noted, we have indications of the highest degree of constitutional vigor, vital tenacity and powers of endurance.

On the other hand, when the head is narrow and the middle lobe of the brain lacking in depth, the neck slender and the cerebellum small there is little physical hardihood, little power to resist disease and poor vital forces generally.

The facial characteristics of promising longevity include a full or square but not a fat face and there is usually great length from the chin to the crown of the head. The nose is better large than small and the nostrils should be large and wide; the jaws should be long, square and well-developed; mouth large; chin prominent, broad and long; foot thick and broad rather than long; teeth sound.

If time permitted, I would like to touch upon the apoplectic habit and its signs, the existence or rather the significance of which some of our modern clinicians deny, but which are all only too true, I would also like to touch on the gouty, scrofulous, the phthisical and other diatheses and cachexias but time forbids, but I will take time and, as a lastly, touch on the subject of obesity and its relation to health, disease and longevity, if for no other reason than that Dr. Howes, Dr. Boskowitz and your essayist are more or less hit by the prognostics of obesity. We are, however, not going to lose any flesh about it.

Respecting the etiology of obesity there is no doubt that individual errors in diet, combined with insufficient exercise are largely responsible for it. As Mendelssohn put it: "In the great majority of cases in spite of the protest of fat people to the contrary, ingestion of too great a quantity, or of an improper quality of food, often combined with too little exercise, is the cause of obesity."

It is, however, well to keep in mind as Cabot of Boston observed very recently: "A corpulent person is not necessarily one who eats more or exercises less than his lean neighbor. He is one who eats more and exercises less than his individual constitution demands."

Obesity simply involves a lack of balance between intake and output. Too much food eaten for the amount oxidized.

There are a number of types of obesity. H. C. Wood recognizes two, the anemic associated with deficient muscular power, and the plethoric or robust, and Ewart differentiates between what may be called physiological stoutness, which runs in families and needs no treatment, and that which is pathological and which depends upon relative deficiency in oxidation.

Just as rapid emaciation denotes the approach of some form of wasting constitutional diseases, so rapid occurrence of corpulence suggests an abnormal state of nutrition. It is especially unfavorable if occurring in young people. Sudden obesity is said to be specially suggestive of fatty degeneration of the heart, liver and other vital organs.

As to the general effects of obesity, the extent and rapidity of the bodily movements are lessened, fatigue is more quickly induced and the temperament is said to become phlegmatic. The efficiency of the heart is diminished by the weight of fat on its substance. The abundant adipose tissue may obstruct the circulation in the smaller blood vessels and the capillaries enclosed within it, there is also a burdening of the liver and kidneys with fat.

Corpulence tends to what is known as "fat heart." Chambers found that of 36 corpulent people 12 had the "fatty heart" and Quain states that patients with "fatty heart" were invariably corpulent. "Fatty heart" tends to sudden death in case of more than ordinary exertion, the heart stops, in truth not because the exertion has been too great but because the heart is abnormally weak.

Bramwell strikes a somewhat more hopeful note in his description of the "fatty heart."

He says: "In slight degrees of fatty infiltration, there are no symptoms nor signs suggestive of cardiac disease. Stout people, whose hearts are covered with an excess of fat, are less capable of active exertion than thin people, and are more or less "short of wind," they bear any excessive strain or acute illness badly, but many stout people whose hearts are doubtless covered with an excess of fat, enjoy good health and lead active lives. It is only when the myocardium is invaded and the muscular substance of the heart becomes atrophied or degenerated that symptoms of defective and embarrassed circulation arise."

It is just as well to keep in mind that not all stout people have "fat heart" and that excessive corpulence is by no means incompatible with great physical strength and endurance. Menard, in an interesting article in the *Cosmos*, reports that in a series of wrestling matches held in Paris in 1901, in which the strongest men in the world took part, the champion of the world was only 5 feet 8 inches in height and weighed 297 pounds. His appearance was altogether that of an obese man. Not only did this man prove the champion wrestler but he excelled in exercises of speed which would severely test a man with a weak heart and he proved to be the best runner of them all.

As to the effect of obesity on the brain and mind (contrary to the opinion of my good friend Dr. Abbott of Taunton) the calibre of the mind does not necessarily suffer on account of it. Obesity is, in fact, often associated with high intellectual capacity as has only recently been pointed out by Chippingdale. I will only mention Samuel Johnson, David Hume, the historians Gibbon and Buckle and of American historians—Fiske and Renan, Balzac and Dumas pere. We must also keep in mind that, at the worst, indolence of mind and body are the effect not the cause of obesity. Temperament too, greatly modifies the tendency of obesity to mental and physical inertia. This is illustrated when with the abdominal type there is associated a good development of the motor and brain types, resulting in a combination associated with a remarkable degree of mental and physical activity, energy and endurance.

It is true, however, that advanced obesity tends to laziness, disinclination to energetic and persistent effort and procrastination—putting off work as long and as much as is possible. The diseases to which the obese are more liable are angina pectoris, emphysema of the lungs, heart diseases, especially infiltration and fatty degeneration of the heart, premature arterio-sclerosis, with its various lesions, apoplexy, especially the type due to atheroma, paralysis, gout, lithemia, renal diseases, cholelithiasis. There is also a predisposition to auto-infections.

If we group the diseases to which excessive obesity disposes, we find that diseases of the heart and the diseases due to faulty metabolism predominate. Diseases of the kidneys also run high in the mortality records of the over-stout. Lack of vital resistance in acute diseases and greater liability to chronic degeneration is also peculiar to this type. There is also lessened resistance to accidents and surgical operations. It is well known that under such strain the over-fat succumb where the thin and even the over-thin would probably pull through. Pneumonia is also more fatal to excessively stout people than the normal, the fever is apt to be unusually high and more difficult to control and the power of vital resistance is poor. Corpulence also begets plethora, and in turn hemorrhoids, varicose veins, vertigo, headache, dyspepsia, constipation, all of which may be attributable to passive congestion. There is also greater danger of sudden death.

Very instructive, indeed, are the observations and conclusions of medical examiners for life insurance. All the mortality records of life insurance companies show that the over-weights are poor risks and are in every way less desirable than either the normal or even the under-weights, showing that there is something in the makeup of abnormal weights which reduces their stamina and renders them more susceptible to disease and an earlier death. At a recent symposium of medical examiners in New York, Dr. Lambert expressed this idea with regard to fat: "That the danger in-

creased in proportion to the size of the belly. He did not regard a stout man as an extra risk if he came of a long-lived family and his flesh was well distributed. But if a man's chest measured 36 and his belly 46 inches, he was more likely to die of fatty degeneration than if the chest measured 38 inches. Such persons, he said, usually died of diseases "below the belt."

Equally discriminating in his reference to the "kind" of fat people is Dr. Greene, one of the leading writers on the medical aspects of life insurance. Says Dr. Greene: "The Tennessee mountaineer is tall, thin and wiry, but very long-lived. A Pennsylvania Dutchman is remarkably heavy for his height, but is, nevertheless, also long-lived. Such men cannot be held to the same weight limits as would apply to men of a different race or build. A very powerful, muscular man who is a trifle out of condition may be considerably over weight and yet be an excellent risk. The really dangerous applicants are the flabby, big-bellied individuals who lead sedentary lives, eat and sleep heavily and have, in consequence, a decided tendency to apoplexy and diseases of the heart and kidneys. Generally speaking, it may be said, that if a man be thick-set, hard, muscular, big-boned, his personal and family history above suspicion, his habits temperate and digestion good, his waist measure less than that of his chest, he may be safely allowed a margin of from 25 to 30% above the tabular weight." Thus for Dr. Greene. But for all these qualified statements, the fact remains, that the statistics gathered by medical life insurance examiners prove that over-weights are extra hazardous risks in spite of all possible care taken in their selection.

To conclude, there is then in the case of strongly marked physical types, a greater proclivity or liability to certain forms of disease than others, and this tendency is often indicated long before pathological changes take place or can be determined by ordinary methods, so that the physician who makes a study of temperaments and build, in other words, physical types, will not only obtain valuable data as to the physiological makeup of his patients but he will also be able to give valuable advice to his patients, and especially advice to parents of children whose makeup shows defects, either in the form of overweight or underweight, or deficiency or excess of any of the organs or systems of organs constituting and termed temperament or types of physique.

Boston, Mass.

Circumcision.

BY M. B. PEARLSTIEN, M. D.

Read before the annual meeting of the Kings County Eclectic Medical Society February 12, 1906.

While the title of the paper is short, I desire to make its significance very broad

I do not intend to point out any new operation for circumcision, but I do wish to make a plea for greater attention to the sexual organs.

Genesis, Chapter xviii., verses 9-14, reads as follows: "And God said to Abraham, ye shall circumcise the flesh of your foreskin and every man child among you, and it shall be a token of the covenant betwixt me and you."

Thus we see circumcision is not a new idea, but a religious rite, widely practiced among ancient and modern nations—signifying purification of the heart.

The world not belonging to the sons of Abraham is slowly awakening to the fact that there is some value in the performance of circumcision, but is not quite ready as yet to undergo that operation. We notice with great satisfaction that those who have been circumcised are not subject to many of the diseases to which the uncircumcised are liable. Many physicians understand the importance of liberating the glans of the penis or clitoris—yet how few practice it. They often ignore the fact that irritation of the sexual organs means congestion and that congestion produces sexual excitement. They allow adult patients and parents of afflicted children to continue in ignorance of these sexual disturbances. Diseases of children, such as convulsions and chorea as well as adult diseases such as seminal emissions, neurasthenia, hysteria and many others, are good examples of this class of cases.

Statistics prove that the sexual power of most men is spent at the age of forty-five and in women at forty-one—due chiefly to sexual disturbances of this character. Is it not our duty as medical men to investigate this condition, and thus save our patients from a multitude of diseases?

Dr. Pratt says, "Loosen the foreskin of every boy and save the boy the trouble of doing it himself. Irritation due to a tight foreskin, or hood, with a thick coat of underlying smegma, is very apt to produce a deplorable state of affairs.

The sexual organs are composed of the most sensitive erectile tissue in the body and are the chief seat of sexual excitement. Like an electric bell they ring up the whole system of nervous reflexes. The sympathetic nerves, like electric batteries, are exhausted by constant use. Constant sexual irritation results in loss of vitality and blood stagnation. Thousands of men and women are suffering in this manner—being either unaware of their condition, or too modest to consult their physicians. They seek relief year after year in patent nostrums—hypnotics and narcotics—but upon withdrawal of the drug the symptoms re-appear.

Would it not seem absurd to attempt to control epistaxis due to a polypus by internal medication? Or to cure persistent cough caused by an elongated uvula in the same manner? Just so in cases needing circumcision—internal medication is of no avail.

Irritation of the glans penis congests the ejaculatory centre and the vesiculi seminales, producing sexual excitement, with its various reflex disturbances. Irritation of the glans clitoridis, with its vast supply of sympathetic nerve filaments, predisposes to congestion of the pelvic organs—and thus the girl may suffer from puberty to the menopause with dysmenorrhoea or amenorrhoea.

We often treat such cases for anemia, constipation, neurosis, etc.; what they need is attention to the sexual organs. I have cured many cases of convulsions, chorea and anemia with just such treatment.

I believe it best always to give either local or general anaesthesia—it facilitates work for the operator and renders it painless for the patient. As a rule, I do not circumcise children younger than six weeks, because of lack of reactive power. I often put in two or three stitches in young children to keep the remaining layers of the foreskin in direct apposition, and to prevent hemorrhage if there should be erection. I usually leave enough of the prepuce to cover the glans.

There are several methods of circumcising, the following being the method I prefer and the one in most common use.

Seize the foreskin with a T forceps or with hooks antero-posteriorly stretch it and cut with scissors opposite the apex of the glans in a straight line, thus severing the first half. The other half is removed by cutting out a V-shaped piece. Carefully trim away uneven edges, check bleeding by artery clamps or hemostatic solution. Then suture the mucous membrane to the skin with either continuous or interrupted stitches. I use either plain or chromicised catgut for this purpose. Dust the closed wound with an antiseptic powder and dress with sterilized gauze—plain or carbolated.

In circumcising the adult male, always dilate the urethra first, making sure the bladder is empty. This dilatation prevents spasmodic contraction, as well as paraphimosis.

In the female, where circumcision is not necessary, separate the hood from the glans clitoridis, clean away the smegma, and pack with sterilized gauze, or apply several layers of collodion to prevent readherence.

To amputate the hood of the clitoris, start about the middle of the margin of the clitoris, then cut across the hood with scissors, leaving part of the hood intact for protection. Take off a triangular section on either side of the slit and suture each side, beginning in the centre. Pack with gauze or collodion as before mentioned.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

The First Row in My Medicine Case.

NO. IV. BRYONIA ALBA.

Bryonia is a very useful remedy and is of special value throughout the spring, fall and winter months. One of the most important actions of bryonia is that of a sedative to serous membranes, and it is, therefore, an indicated remedy in all cases of irritation of such membranes. In pleurisy it is nearly always essential to a good treatment, and when effusion has taken place it will induce absorption of the fluid in many cases which would prove fatal were this medicament neglected. In this disease, as well as in pneumonia, when there is tensive, sharp or lancinating pain, its relieving influence is promptly manifested. In bronchitis, with sharp or hacking cough, especially when the substance expectorated is bloody or frothy, it will not only relieve the distressing cough, but also lower the temperature to a satisfactory point. In fact, all acute inflammations of the thoracic viscera and of the pleura are readily controlled by the subduing and curative power of bryonia. It is an efficient remedy in acute rheumatic inflammation of the heart or pericardium, and in endocarditis, especially when there is effusion with apparent lessened power of the heart, its influence is markedly beneficial.

In peritonitis bryonia will do much toward controlling the inflammatory processes and subduing the fever, and in typhoid conditions, with accompanying high fever, it affords a kindly means of regulating the temperature.

In nearly all rheumatic conditions its timely administration will exert an influence which may confidently be expected to make for improvement. In rheumatism of the joints, especially of the joints of the fingers, its relieving power is so decided that it cannot be mistaken. Headaches of a rheumatic origin are also promptly relieved by this agent.

Bryonia is sedative, diuretic, antirheumatic and nervine. In large doses it is a drastic cathartic and a heart depressant. In long continued medium doses it sometimes causes bleeding at the nose. It is well to bear this fact in mind while considering a possible case of typhoid fever.

The following are among the generally accepted specific indications calling for the exhibition of bryonia: Difficult breathing, with painful, harassing cough, which is made worse by talking; pneumonia when there is tensive, tearing or sharp lancinating pain; hacking cough; pleurisy when there is sharp and lancinating pain; diseases of serous membranes when there is tensive, tearing or cutting pain; rheumatism when the pain is of a tensive and cutting character, and aggravated

by motion; inflammation of the mammary glands when there is costal pain and soreness; headache on right side, extending from the forehead to the occiput, when the pain is constant and severe, but without sharpness; rheumatism about the joints, characterized by stiffness, soreness and swelling; paralysis following rheumatism; profuse diarrhoea when the discharges are of a clay color; catarrhal conditions, with acrid, burning, watery discharges from the nose; frothy bronchial expectoration, streaked with blood; muscular pains about the chest.

The dose of specific bryonia (or a good fluid extract) is from 1-10 of a drop to 2 drops, but the following prescription provides for doses which are efficient: \mathcal{R} Bryonia, gtt. iii to x; water, \mathfrak{z} iv; teaspoonful every half-hour to every two hours.

Verbena Hastata in Epilepsy.

A very interesting and instructive article on "Verbena Hastata in the Treatment of Epilepsy," by Dr. J. M. French, of Milford, Mass., appeared in the March issue of the *American Journal of Clinical Medicine*. It is to be regretted that space will not permit its entire reproduction in these pages. In part Dr. French says:

"Up to a comparatively recent date, our knowledge of the medicinal properties of verbena was derived mainly or wholly from the Eclectic branch of the profession and the herbalists. To this day, no account of it is to be found in the standard works of the old school, though it is used by a considerable number of practitioners of this school.

"The older authorities classed it as a tonic, emetic, expectorant, and sudorific, and recommended it as useful in intermittent fevers, colds, obstructed menstruation, and in cases of debility and anorexia occurring during convalescence from acute diseases. They also considered it of value in scrofula, visceral obstructions, and worms.

"Dr. J. M. Scudder says that it relieves irritation of the stomach and intestinal canal, and promotes digestion and secretion.

"Dr. E. W. Paine states that it has been used with good results in rheumatism, gout and piles.

"Dr. E. Day, of Great Tower, Ill., advocates its use for the cure of intermittent and remittent fevers, and also for the opium habit.

"Dr. John W. Fyfe, in his *Essentials of Modern Materia Medica and Therapeutics*, considers that it is specifically indicated in many cases of epilepsy, obstructed menstruation, and acute catarrhal conditions.

"Dr. S. M. Griffen, in a paper read before the Homeopathic Medical Society of the State of New York, advocates the use of an infusion of verbena as a specific in ivy poisoning; and his claims are corroborated by Dr. Charles Lloyd, in an article in the *Eclectic Review* for May 15, 1904. This latter writer, however, prefers the tincture to the infusion, and this he uses both internally and locally.

"Dr. Henry G. Piffard, in his *Materia Medica and Therapeutics of Skin Diseases*, recommends a tincture of the leaves and fresh plant

for alopecia, used locally; while internally he uses it for swollen glands, and in severe headaches with sharp, ringing pains.

"Felter and Lloyd describe it as tonic, emetic, expectorant and sudorific, in small doses relieving gastric irritation, and like other diaphoretics useful in intermittents, and to break up colds and restore menstruation when stopped as the result of taking cold.

"Considerable interest has been aroused within a few years past in reference to its use in epilepsy. Sometime in the late '90s, Dr. H. D. Fair, of Muncie, Ind., announced that he had found verbenas remarkably effective as a remedy for epilepsy. Soon after this, Prof. G. H. French, of Carbondale, Ill., reported that he had learned that the plant possessed some reputation among the laity in this disease, and that he had tried it with success in some cases. As a result of these reports, the remedy was used by a large number of physicians in all parts of the country, many of whom reported their results. The concurrent testimony of these observers seems to be that verbenas does possess marked virtues in the treatment of this disease, curing some cases, or at least greatly benefiting them, while others were not helped in any way by its use. Its action is said to resemble in some degree that of *passiflora incarnata*, and it is indicated in states of nervous tension, mental exhaustion, and insomnia, acting as a soporific, antispasmodic, and sedative. These properties differ widely from those for which it was used by the herbalists—so widely, indeed, as to suggest the question as to whether verbenas may not be another of the many drugs whose reputation depends more upon the lively imagination of the user, than upon any important property of the drug itself.

"It was the use of the drug in epilepsy which first drew my attention to it, and led me to give it a trial. I did this in the belief that any drug or other agent which holds out any hope, be it ever so small, in the treatment of this intractable disease, is worthy of careful consideration and trial. My present experience with it, however, is limited to two cases, and I cannot claim that it is of any value except as it is added to the wider experience of others.

"The questions which I proposed to myself were these: (1) Is verbenas of any value in the treatment of epilepsy? (2) If so, is it curative or only palliative? (3) How does it produce its effects, and to what class of cases is it applicable? In other words, what are its indications?"

Here the doctor reports his cases in detail. His first case derived much benefit from verbenas, but the second patient not only failed to improve under the influence of the drug, but her attacks became more frequent and more severe. In commenting upon these facts Dr. French remarks:

"Here, then, are two cases of epilepsy, with the same general lines of treatment, but quite dissimilar results. What conclusions shall we draw?

"I cannot persuade myself that the entire arrest of the convulsions and the coincident general improvement, in the first case, was a mere

coincidence, having no relation to the treatment, even though the results proved to be but temporary. Neither could it have been the result of any form of suggestion; for my encouragement was even less than had been given her by her previous physician, while his treatment resulted in positive injury. In the second case, there was not only failure to benefit, but evident retrogression; which may, however, have been due simply to the withdrawal of the bromides which she had previously been taking.

"Putting my own cases alongside those of other observers, I am prepared to suggest the following tentative conclusions as my contribution to the therapy of verbenas in epilepsy:

"1. Verbenas are of great value in some cases of epilepsy, while in others it is of no value whatever, and may be even injurious.

"2. At the best, verbenas are palliative rather than curative—not a remedy *for* epilepsy, but a remedy *in* some cases of epilepsy. None the less it is of value, and well worth further study.

"3. As to the indications for its use, I would suggest that it is of value chiefly in those cases which are characterized by cerebral anemia rather than congestion, and which consequently are not benefitted by the bromides, but rather the reverse."

Drunkenness Increasing.

In view of the fact that drunkenness, especially among women of what are termed the "better class," is increasing with fearful rapidity, it would seem that a great work is being prepared for the doctor, and one which will demand his greatest skill and most earnest sympathy. In referring to the increase in drunkenness, Dr. William H. Boals, who has had large experience in the treatment of its victims, says:

"For the last ten years I should estimate the increase of drunkenness among men to be at least ten per cent, and twenty-five per cent. among the women. Women drink more than men when once they begin. They are more reckless and go to pieces sooner. They can't stand the pace that kills.

"A few years ago there was little drinking of intoxicating liquors among women, but with growing wealth and leisure has come the modern system of luxurious dinners, midnight drinking parties, followed by a succession of high balls and champagne, until now it is the fashion for some women to drink straight whiskey, brandy and gin.

"But, as bad as the ordinary drinking of strong liquors is, unlimited beer drinking is even worse. It is the young big, stuffy, good natured, rosy faced man, soaked with beer, who suddenly goes off with no earthly chance to save him. His kidneys and liver are diseased beyond the reach of medical skill.

"Nothing is so menacing to the human race as cocaine. It is worse than morphine, because the man who uses it for two years

is beyond hope. Even those who have stopped in time and been called cured are never themselves again. They are human wrecks, without stamina, force or judgment—are never sure of themselves and their Godlike powers have vanished.

“Another cause of increasing drunkenness is the use of quack medicines, chiefly of alcohol or opium in its various forms. Another alarming fact in connection with this misuse of drugs is the growing popularity of dangerous compounds bearing the name of headache powders. They exert an insidious influence and are sure death. They account for the rapidly increasing number of heart failures, meningitis and paralysis, which the papers have been filled with of late, perplexing many doctors. People are wondering if an epidemic of new fatal diseases is sweeping over us. The cause can be traced to these patent powders, which, like alcohol, affect the heart and brain, causing sudden and shocking death. If the law permits such dangerous preparations an increasing death rate need not be wondered at.”

Dr. Frank Ketchum, who has also had an extensive experience in the care and treatment of drunkards and victims of drug addiction, remarks as follows:

“Beyond all doubt drunkenness is on the increase at a rate much greater than the increase of population. Ten women are now drinking when but one drank fifteen or twenty years ago. In every hundred patients thirty are women. Wealth, luxury and a foolish desire to be up to date in keeping pace with the fast set is one of the causes of this fearful condition. Many a woman will take a pint of straight whiskey as a single drink.

“Intoxication from morphine, however, is increasing much faster than from whiskey. Great harm comes from popularizing certain so-called morphine remedies. A victim reads of a sure cure which will restore him to health at from five to ten dollars a bottle. He tries it and discovers that he no longer craves morphine. Why? Because the so-called cure is a preparation of opium or morphine which the man soon finds he cannot abandon.

“His condition becomes worse than before. The morphine which cost him but twenty or thirty cents now costs him five or ten dollars in the disguise of medicine. These are some of the many phases of this rapid increase of drunkenness from alcohol and narcotics.

“Among the refined women, and among men engaged in taxing literary or artistic pursuits, morphinism, the sulphonal habit, chlorodyne imbibition and chloral taking are claiming many victims. Even cocaine, the deadliest drug of all, has its followers. The strain of modern life, the multiplicity of our engagements, the rush and hurry and absence of rest, which are almost a necessary part of life in our great cities, make the temptation to fly to drugs or to alcohol greater to-day than ever before.”

Refilling Prescriptions.

The larger number of Eclectic physicians wisely choose to dispense their own medicines. There are times, however, when we all find it necessary to write prescriptions. The ownership of the physician's prescription, therefore, constitutes a subject of no small interest, and one which is ably discussed by Dr. R. B. Kelley, of Atlanta, Ga., in an article recently published in *Modern Eclecticism*. In part the doctor says:

"To discuss this question involves the ownership of the prescription, a subject recently treated very extensively in the pharmaceutical journals. The fact that the physician is the author of the prescription should establish the ownership, but quite a number of reasons testify to the same fact; the physician being the source of the prescription, emanating as it does from his mind, trained by years of study and experience, and it being absolutely necessary to the success of his practice that he is able to control and direct its administration. The prescription is an instrument in his hands to treat disease. The fact that the patient pays the physician a fee does not imply that he comes into ownership of the prescription, because as long as he keeps the prescription in his possession it can not be of any use to him, but so far as he is concerned it represents an order to the druggist to prepare the treatment desired by the physician, and he has no more right of ownership than he would have to the instruments with which the physician performs an operation, removes a tumor, or amputates a limb. He simply pays for the treatment and the result of the treatment. He pays the physician to cure him, and he has no right to have the prescription refilled while under the treatment of his physician, unless ordered to do so by the physician, because the physician as a scientific man may wish to give a definite amount of a certain drug to produce a certain effect, when a continued use of the prescription would defeat his purpose and cause confusion in his treatment. And he has no right in a subsequent illness to again refer to this prescription, as the physician may have prescribed for symptoms that he did not mention and of which the patient knew nothing.

"The druggist can have no proprietary right to the prescription, as it is merely through courtesy that he is permitted to prepare the medicine, which he has gained for himself with the confidence reposed in him by the physician and the public—a confidence well merited if he has qualified himself for his duties, which require as much intelligence and application as that necessary in therapeutics.

"Then who has the right to have the prescription refilled? The physician being the author of it, and intending it for a specific purpose, is naturally the one to control the refilling of the prescription, and it is not to his interest to do so, because it encourages a bad practice and can serve no good purpose to any one. In a case where the physician desires to continue the same treatment, he can easily

refer to the prescription (if he has not recorded it in his case-book) by telephoning the druggist. So when we consider the high standard of the scientific physician and pharmacist of to-day, and that diagnosing, prescribing and compounding are based on strictly scientific principles, we must conclude that when the prescription has once been dispensed that it has served the purpose for which it was intended and should be filed exclusively for the physician's reference."

Treatment of Appendicitis.

In an article published in the *Eclectic Medical Journal* Dr. J. C. Entz makes the following sensible remarks in reference to the medicinal treatment of appendicitis:

"Relieve his pain with a hot application, and do this yourself if you have no trained nurse; if you cannot relieve the pain with the hot application, you will give your patient morphine and atropine hypodermically; do not trouble your patient with medicine internally during the pain. The medicine will not be absorbed in the stomach, and you get no effect from it. As soon as you have the pain relieved, begin with small doses of, say, one-tenth grain calomel and sodium bicarbonate, two grains every hour. This, in my experience, will move the bowels sooner than anything I have tried, and with better results. Do not allow your patient anything to eat the first two days except a liquid diet and hot water. These are the best remedies I have found in appendicitis. You need not fear that your patient will starve in two days, and if he is a little hungry, the better. Keep him in bed for three or four days after the attack. Commence with toast and milk; he may have a soft-boiled egg. After the patient is safely over the danger of the attack, he will ask you what he shall do to keep off other attacks. You may carefully diet the patient, but statistics show that 75 per cent. will have the second attack, and 70 per cent. will have the third attack. In recurrent attacks advise operation."

Post-Partum Hemorrhage.

Dr. C. E. Frazier, in writing to the *Medical Arena* on post-partum hemorrhage, says that no one drug after the proper mechanical treatment, can be relied upon to overcome this accident, yet there is one remedy that is always indicated and that is atropine hypodermatically. A sufficient use of it has assured him of its value in post-partum hemorrhage.—*Eclectic Medical Gleaner*.

Dr. Baruch says that the chief advantage of the coal tar remedies in pneumonia seems to be that they allow patients to die with a normal temperature.

Dr. L. Emmett Holt, in the *Medical News*, says: "Without much argument, I think we will agree that the highest branch of medicine is therapeutics."

Dr. Frank Pollard, before inserting a hypodermic needle, applies a drop of chloroform on the skin, as an anaesthetic and antiseptic.

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Put-in-Bay in June, 1906. J. P. Harvill, M.D., president; Finley Ellingwood, M.D., secretary.

March, 1907. A. E. Broga, M.D., president; E. H. King, M.D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. D. P. Borden, M.D., president; Pitts Edwin Howes, M.D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth Street. V. Sillo, M.D., president; Charles Lloyd, M.D., secretary.

Kings County Eclectic Medical Society. Meets annually in February. H. Stoesser, M.D., president; M. B. Pearstien, M.D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth Street. H. Harris, M.D., secretary.

Boston District Eclectic Medical Society. Meets the fourth Monday of each month, excepting July and August, at "The Thorndike," Boylston Street. A. W. Forbush, M.D., president; Pitts Edwin Howes, M.D., secretary.

Eclectic Medical Society of the State of New York.

ABSTRACT OF MINUTES OF STATE MEETING.

The forty-sixth annual meeting of the Eclectic Medical Society of the State of New York was held in the Common Council Chamber, City Hall, Albany, N. Y., March 7 and 8. The meeting was very largely attended and it was one of the most interesting and profitable sessions that has been held in some years.

The first day of the session found all the officers in their places. All of the auxiliary societies handed in good reports and many who are not affiliated with local societies were present and made good their membership.

The secretary's report showed much work done during the year, including which was the compilation of a directory of the Eclectic physicians of the state of New York. This report contained a recommendation regarding the manner of gaining membership in the state society, the result of which was that unanimous consent was given to adopt an amendment to Article III. of the constitution, whereby a physician who is qualified can make application for membership directly to the society on the recommendation of five permanent members.

Many letters of regret were received from members of the school who were unable to be present.

On the first afternoon of the session Dr. Krausi, president of the society, delivered the annual address, which was a very scientific and scholarly production. It was listened to with marked interest by those present and everyone expressed their appreciation of Dr. Krausi's thoughts.

Following this, interesting and commendable essays were read by Drs. Meyer, McGinnis, Rhode, Heeve, Lloyd and others.

There were present several who had not before attended sessions of this society. Among these were Drs. J. P. Brooks, Albany, N. Y.; F. N. Wright, Northville; J. C. Lovejoy, Batchelerville, and C. C.

Wakefield, Ogdensburg. The courtesy of the floor was extended to all these gentlemen and they all responded with fitting remarks.

On the second morning of the session the society was favored by the presence of Mr. Alex. H. Seymour, secretary of the State Board of Health, representing Dr. Porter, of that department. He extended the greetings of this board to the society and the latter by vote sent its respects to Dr. Porter and the department of health.

The legislative committee and the Board of Medical Examiners representing this society both submitted very promising and satisfactory reports.

The society by unanimous vote placed itself on record by the following resolutions which are to be sent to both departments of the Legislature and the Department of Education.

"Resolved, that this State society requests that Eclectic practitioners be given the same recognition, rights and privileges as may be accorded to Allopathic or Homeopathic practitioners in any bill which may be enacted providing for a board of examiners for the licensing of nurses and that a copy of this resolution be certified to the Assembly and to the Senate to the introducer of such bill in each house and to the committee of each house having such bill in charge."

"The Eclectic Medical Society of the State of New York, in regular session, gives expression to the following views concerning medical education, practice and legislation."

"Resolved, that the standards established by the Board of Regents of this state have proven so efficient and sufficient in practical operation that any changes in the restrictions and requirements thereof are unnecessary and unwise.

"Resolved, that the present medical laws of the state of New York are just and equitable, as conserving the rights and interests of all recognized reputable schools or systems of medical practice, and that tampering therewith, change therein or modification thereof would be a menace to the true interests of the medical profession.

"Resolved, that this society believes also that the wheels of progress are not to be and cannot ultimately be clogged, and that every system of therapeutics, whether heretofore recognized or hereafter to be developed and made known, which conforms to the standards above mentioned, should be given equality under the law with all others."

Just before the close of the session the following officers were elected and installed for the ensuing year:

President, A. E. Broga, M.D., Oneida.

First Vice-President, H. Stoesser, M.D., Union Course.

Second Vice-President, C. W. Brandenburg, M.D., New York City.

Third Vice-President, W. L. Heeve, M.D., Brooklyn.

Treasurer, W. J. Krausi, M.D., Brooklyn.

Secretary, Earl H. King, M.D., Saratoga Springs.

Corresponding Secretary, G. W. Boskowitz, M.D., New York City.

Adjournment was taken to meet in Albany on March 6 and 7. 1907.

EARL H. KING, M.D., Secretary.

Kings County Eclectic Medical Society.

The thirteenth annual meeting of the Kings County Eclectic Medical Society was held Feb. 12, at "The Assembly," 153-155 Pierrepont Street, Brooklyn, with President H. Stoesser, M.D., in the chair. An unusual number of members responded to the call, and the following were the guests present: Drs. G. W. Boskowitz, William J. Krausi, W. L. Heeve, Charles Lloyd, V. Sillo and George Schaefer.

The minutes of last meeting were read and adopted. Communications were then read from Drs. De Beer, Rosahnsky, Mason, Lloyd, Sibley, Dincin, Ballard, Martin-King, Lewis and Muncie. On motion all communications were received as read. Before reading of essays and presentation of cases, President H. Stoesser, M.D., delivered his annual address, which was very interesting. Dr. Libbie H. Muncie next read an essay on "Three Cases from Practice." The paper was discussed by Drs. Pearlstien and Krausi.

Dr. William J. Krausi next read a paper on "The Pulse, as Sign of Disease." The paper was discussed by Drs. Boskowitz and Heeve. Dr. C. M. Ballard next addressed the society and presented four clinical cases of defective children. Dr. Krausi, in discussing these cases congratulated Dr. Ballard for doing such noble work for the sake of humanity and encouraged the doctors present to support Dr. Ballard's school for defective children.

Dr. M. B. Pearlstien read a paper on "Circumcision." The paper was discussed at length by Drs. Boskowitz, Krausi, Heeve and Lloyd. Dr. W. L. Heeve read a paper entitled "Is the Sharp Curette Indicated in Puerperal Infection." The paper was discussed by Drs. Boskowitz and Krausi.

Dr. Pearlstien moved that a vote of thanks be extended to the essayists; carried. Nomination and election of officers for 1906 was next in order, and the following were elected unanimously:

President, Dr. H. Stoesser.

Vice-president, Dr. H. S. Mason.

Secretary, Dr. M. B. Pearlstien.

Treasurer, Dr. L. Adlerman.

On motion it was decided to hold an adjourned meeting on February 27.

The evening was devoted to a concert and reception. The friends of the members attended in large numbers.

M. B. PEARLSTIEN, M.D., Secretary.

Eclectic Medical Society of the City and County of New York.

The Eclectic Medical Society of the City and County of New York held a special meeting in the parlors of the College on March 29. Dr. V. Sillo in the chair. The minutes of the previous meeting were read, and on motion were approved. Remarks were made by Dr. Boskowitz and Dr. Krausi, on the success the committee on arrears met with in

their efforts in collecting the dues before the State meeting. A motion was carried that the same committee continue. Prof. Hyde demonstrated the utility of lambs wool, in preference to other materials, as tampons. In the discussion Prof. Boskowitz said that he had used the lambs wool, but preferred cotton.

Prof. Herzog said the difference in the expense of either wool or cotton, should not be considered of any importance in the application of tampons, he showed that the cotton was the greater absorbent of the two. The consensus of opinion of those taking part in the discussion, was that the wool tampon produced an offensive odor, and was objectionable in other respects, and the cotton was preferable. Samples of the lambs wool were distributed to the members present for experiment.

Report of cases in the New York Physical and Surgical Hospital by Prof. A. W. Herzog, was made subject of discussion by several of the members. The essayist of the evening was Dr. Hans Harris, who read a paper on Sporadic Cretinism. The paper embodied the latest views on the subject, and was freely discussed by the older members of the Society. On motion, a vote of thanks was given Dr. Harris for his essay.

Adjourned until the next regular meeting, April 19.

CHARLES LLOYD, Secretary.

Selections

The Ages of Woman.

PUBERTY.

Young girls arriving at womanhood, many times laboring under abnormal mental strain from over-study and from the additional nervous tension due to the physical changes incidental to the first menstruation. Hayden's Viburnum Compound is particularly serviceable. It is a uterine sedative and calmative and assists in the normalization of the pelvic circulation.

Hayden's Viburnum Compound has stood the test of time, and for twenty-five years has been accepted and recognized as the standard remedy in the treatment of dysmenorrhea, amenorrhea, menorrhagia and other diseases of the uterus and its appendages.

To assure results the genuine H. V. C. only should be administered. Literature sent on request, and sample, if express charges are paid.

NEW YORK PHARMACEUTICAL CO.,
Bedford Springs, Mass.

Dr. W. Raymond McDannell, of Rockford, Ill., under date of September 21, 1905, writes that having used eusoma with satisfactory results in ulcerative conditions, he determined to rely upon

it as an antiseptic and antipurulent in a case in which he performed the operation of circumcision under extremely unfavorable conditions.

The patient was an old man of very uncleanly habits, who had a number of soft chancres and vegetations which occupied the meatus. It seemed that general infection could scarcely be avoided on account of the personal inclinations of the patient; he would not have anything clean about him; but by keeping the wound soaked for seven days with a wet dressing of eusoma a perfect result was obtained.

Dr. McDannell says that he doesn't often get excited over anything, but eusoma is worthy of recommendation, and he is enthusiastic about it.

The active medicinal constituents of each fluid dram of eusoma are: *Echinacea angustifolia* 15 grs., *Thuja occidentalis* 2 grs., and *Baptisia tinctoria* 4 grs.

The Latest Treatment of the So-Called Arthritic Diathesis.

Hutchinson, Minkowski, Faulkenstein, Heinrich Stern and other modern authorities are of the opinion that gouty conditions are essentially due to faulty metabolism and not to a disease per se. The importance, therefore, of the uric acid theories of Garrod, Haig, Roberts, Duckworth, Luff, etc., are losing ground, urates being merely a measure of the destructive metabolism, while diet should be regulated solely with regard to diminishing intestinal fermentation and putrefaction and not according to the hard and fast rules of the older school.

Professor Falkenstein remarks that the frequency of the dyspepsia which precedes or accompanies an attack of gout, in any of its forms (migraine and so-called lithemic conditions, etc.) is merely a symptom of the same trouble caused from retention of autointoxication products giving rise to precipitation of calcium salts from the blood, thus forming a fibrosis at some articulation. These observers think that the trouble originates from impaired function of the stomach from alteration of the glands near the pylorus which secrete hydrochloric acid.

Acting on this principle, he and others have administered this acid in heroic doses of from two or four grammes daily of the pure acid well diluted with the water drunk with meals and the results have been considered favorable. In order to be effective, however, the acid must be continuously given and where the case calls for immediate relief from acute symptoms, we can fall back on those practical methods which at least give prompt temporary relief. Although theoretically, it may be not easy to explain the success of the colchium and the salicylates on scientific grounds, yet with saline purgatives and doses of 12 to 16 capsules of colchi-sal of 20 centigrammes each (in the twenty-four hours), symptoms usually sub-

side rapidly and when the attack has passed, the hydrochloric acid treatment can be recommenced as a prophylactic measure.

It is possible that colchi-sal, the safest preparation of the alkalioid of colchicum, and which is a solution of colchicine, $\frac{1}{4}$ milligramme, dissolved in natural methyl salicylate 20 centigrammes with appropriate adjuvants to prevent interference, in each capsule, stimulates the urate solvent properties of the blood serum, and so checks further precipitation for the time being.

Moreover it is well established that colchicine promotes a hyperleucocytosis in the affected articulations or other tissues, relieves the hyperemia, stimulates the hepatic cells, increases the cellular activity of the bone matter and diuresis, all of which is conducive to relieve acute symptoms, although it may not prevent subsequent relapses.

The School Girl and the "College Woman."

There is a season in diseases, as there is in dress. While menstrual irregularities and disturbances are not markedly influenced by the changing seasons except in so far as they are aggravated by cold and chill, still the reopening of schools and colleges for girls calls these things to mind strongly, for many of the worst cases are found among school girls and "college women."

In treating these, as well as other diseases of women, Hayden's Viburnum Compound enjoys an enviable reputation. We have seen many young girls arriving at womanhood wonderfully relieved of those agonizing sensations incidental to this critical period, by the administration of this preparation. In painful or delayed menstruation it affords relief, and the genuine preparation can be prescribed with entire assurance of satisfactory results; but just here a word of caution is needed. The market is flooded with imitations of viburnum compound, no one of which at all approaches it in therapeutical worth. Be sure to get the genuine "H. V. C.," and not some other preparation which is said to be "just as good."—Massachusetts Medical Journal.

Book Reviews

Transactions of the National Eclectic Medical Association of the United States of America. For the year ended June, 1905, including the proceedings of the 35th annual meeting held at Saratoga Springs, New York, June 27, 28 and 29, 1905, together with the addresses, reports, papers and essays presented before the association, and before the several sections in their sittings. Edited by Finley Ellingwood, M. D., Secretary, Chicago, Vol. XXXIII.

This volume is a little smaller than its predecessors. This is not because there was less work or fewer essays read at Saratoga than at

previous meetings, but on account of the destruction of the Clinic Publishing Company by fire and the loss of many of the papers, reports, etc., which the Secretary, try hard as he did, could not have duplicated. Under the circumstances the Society is to be congratulated upon this volume.

Dr. Ellingwood has again demonstrated his fitness for the position of secretary for presenting to us under such trying circumstances so good a volume.

"The Examination of the Function of the Intestines by Means of the Test-Diet." Its application in medical practice and its diagnostic and therapeutic value. By Prof. Dr. Adolf Schmidt, Physician-in-chief of the City Hospital Friedrichstadt in Dresden. Authorized translation from the latest German edition, by Charles D. Aaron, M. D., Professor of Diseases of the Stomach and Intestines in the Detroit Post-Graduate School of Medicine; Clinical Professor of Gastro-enterology in the Detroit College of Medicine; Consulting Gastro-enterologist to Harper Hospital, etc. With a frontispiece plate in colors. Crown octavo, 91 pages, extra cloth. Price, \$1.00, net. F. A. Davis Company, publishers, 1914-16 Cherry Street, Philadelphia.

These lectures by Prof. Adolf Schmidt are very interesting and of great practical value. The rapid strides that followed closely and increased our knowledge so vastly after we became acquainted with the methods of examination of stomach contents will be followed in the matter of the functions of the intestines by means of these test-diets and their examination.

Items

Keep your eye on the educational department and their proposed medical bill.

Commencement exercises of the Eclectic Medical College of the City of New York will be held May 9 at Carnegie Lyceum. Arrange to attend.

The Eclectic Practice of Medicine, by Rolla L. Thomas, M.D., should be in the hands of every Eclectic graduate. Send six dollars to the College and we will send you a copy.

Why did Weary Willie perspire so when the president was reading his annual address?

DEAR DOCTOR: The annual meeting of the Board of Trustees of the California Medical College was held on February 5, 1906. The election of officers for the ensuing year was held, resulting in a complete change in the management of the College. Dr. J. B. Mitchell of San Francisco was elected dean of the faculty and Dr. Ben Stetson of Oakland, was elected president of the board of trustees.

Dr. D. Maclean who had been both president and dean for twenty-seven years was retired from office, but is still a trustee and a member of the faculty.

We have instituted proceedings in the Superior Court, praying that the name of the California Medical College be changed to the California Eclectic Medical College, thereby having the name conform with the teachings of the institution.

The college will own and maintain a journal in its interest and it too, will be branded with the word Eclectic.

It is the opinion of the new management, supported by over two-thirds of the members of the Board of Trustees, that the word Eclectic must be upon our college and all pertaining thereto, if we expect to be successful as an Eclectic institution.

BENJ. STETSON, M. D.,
President of the Cal. Med. College.

Eighth annual commencement exercises of the Eclectic Medical University of Kansas City, Mo., was held on the evening of March 29, Kansas City, Mo. Sixteen received degrees.

The Boston District Eclectic Medical Society meeting was held on March 26, as usual, at the Thorndike. "Types of Physique and their Relation to Health and Disease," was interestingly presented by Dr. Joseph A. Denkenger. It will be found in this issue.

The commencement exercises of the Eclectic Medical Institute will be held Wednesday evening, April 18. The class numbers thirty-five.

If you act promptly and decisively and send in protests to the public health committee, we can defeat the one-board bill. Don't put it off. Act at once.

On Thursday evening, April 26, Dr. William F. A. Cimillo and Adelaide H. Franke will be married at St. Martin of Tours Church, 182d street and Crotona avenue.

The Alumni Association will meet at the College building, Wednesday, May 9, at twelve o'clock.

The Beachonian dinner will be held at the Hotel Astor directly after commencement.

Dr. J. M. Abbott of Trilby, Florida, writes: "I would like to have a good Eclectic doctor and surgeon here to help me. I am getting too old for night work and will give him a good chance."

The prize essay committee has decided to allow thirty days to all essayists for the completion of their papers which were promised for the State meeting. Therefore, you are earnestly requested to have your paper in the hands of the secretary on or before May 15, 1906.

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

VOL. IX.

NEW YORK, MAY 15, 1906.

No. 5.

The Commencement and Alumni.

May 9 will live in the memory of the College friends for a long time, as being one of the most enjoyable of the annual gatherings. The Alumni meeting at the College was well attended and a larger number from the earlier classes than usual was present, the censors were also out in full numbers and thoroughly enjoyed their meeting with the class. The lunch as usual, was dainty and the five-minute talks which followed it were enjoyed and enthusiastically received.

In the evening there was a fine gathering at Carnegie Hall, and the fifteen who received the degree of M. D. from the Eclectic College of the City of New York will always feel proud of their commencement. Rev. Alson H. Robinson delivered a scholarly address, Dean Boskowitz the report of the faculty, President Spooner conferred the degrees, and Dr. David Lewis Russell delivered the valedictory.

Following these exercises, many of the friends of the graduates and of the school assembled in the ball room of the Hotel Astor to enjoy the annual banquet which the Beachonians tender to the graduates. This proved a fitting termination to this most enjoyable day. Royal Fellow Bourke presided, Professor J. H. Gunning responded to the toast Eclecticism, Doctor C. A. Tyrrell, The Young Graduate, I. Ritter, M.D. of the class, gave the history and prophecy and the final toast. The American Spirit, was responded to by Professor Sibley. And here are the names of the happy fifteen: Walter G. F. Baetz, Abraham J. Blaustein, A. B., Joseph T. F. Brandaleone, Mary Bynner Carr, James J. Foley, A. B., Charles H. Goldsmith, Morris Herman, A. B., Gustave E. Holmberg, Albert Leining, Ernesto C. Loffredo, A. B., John F. G. Luepke, Isidore Ritter, David Lewis Russell, Isadore Seiffert and Georganna Strunk.

We intend publishing a supplement containing a full report of these exercises, copies of which can be had by applying at the office.

A Rare Jaundice History.

An article giving the history of ten cases of jaundice in one family was recently published in an English medical journal. The writer of the article says that a woman who has always been in good health, during the time elapsing between the ages of 18 and 35, gave birth to the ten children referred to, and that all of them were severely afflicted with jaundice at the time of birth. Eight of the children died of the disease in early infancy. In one case a post-mortem examination was made, but no organic disease was discovered. The gall-bladder contained bile, but was not distended, and the bile duct was not occluded. Although all of the children suffered equally from jaundice at the time of birth and for several days thereafter, the seventh and eighth recovered, and are now apparently well. The children showed no evidence of specific taint, and the post-mortem appearances in the case examined gave no evidence of syphilis. The father is strong and well, and no other cases of jaundice are known to have occurred in the family of either the man or the woman.

J. W. F.

Interstate Reciprocity.

Laws regulating the practice of medicine are both necessary and desirable. They in various ways redound to the credit of all physicians who are worthy of the respect of their fellow practitioners. They keep incompetent and disreputable persons from bringing by their presence disgrace upon a profession which should stand with the highest and most noble of human pursuits. They also compel medical colleges to provide their students with every means of advancement that modern medical science can suggest, and to fully prepare them for their life work.

It is true that our present medical laws are far from perfect, but they constitute an excellent foundation upon which to construct laws that will more fully meet our needs and deal more justly with all classes of practitioners. Our registration laws should be so constructed as to provide for a just system of interstate reciprocity, and this most desirable provision can be secured in all of the states if physicians will energetically work for its adoption. Their influence should be employed in a way that will make for harmony and united effort. No school lines should be allowed to interfere with or govern our work in this direction. If reciprocity is good for one school it is good for all schools of medicine.

A large part of the present technical examinations should give place to more practical work, and it would be well and just to have two forms of examination; one for the older graduate, requiring evidence of the lawful receipt of a diploma from a recognized

medical college, and such practical work as would show the possession of knowledge sufficient to enable the applicant to successfully diagnose and treat the diseases likely to be met with by the general practitioner. The second form of examination should be especially adapted to the needs of the recent graduate, and consist largely of technical questions so constructed that their correct answers would furnish evidence that the applicant was well grounded in all the requirements of modern medical education. With interstate reciprocity in force the physician would have to pass these examinations but once in a lifetime, instead of (as now) every time his health or some other reason caused him to wish to move to the opposite side of his state line.

The present examinations in some of the states are extremely technical—so much so that very few men who graduated twenty years ago could answer the requisite number of questions, although they may have had large and valuable experience and been successful practitioners for many years. They must, therefore, keep away from these states or give up their profession. This is unjust, but time and experience will undoubtedly eliminate undesirable features from our laws. Let us all work for reciprocity and the three-board system of medical examiners. A few of the states have wisely incorporated these features into their medical laws, and the other states must follow sooner or later.

J. W. F.

Professor Robert Corbin Wintermute.

MY DEAR DR. BOSKOWITZ:

I regret very much to inform you of the sudden death of Prof. Wintermute, which occurred April 15, from cerebral congestion, after an illness of forty-eight hours.

Robert Corbin Wintermute was born at Norton, Delaware County, Ohio, June 27, 1861. He studied medicine under the preceptorship of Dr. A. P. Robertson, graduating from the Eclectic Medical Institute in 1881. Dr. Wintermute served as coroner of Delaware county and was president of the Ohio State and a prominent member of the Cincinnati and National Eclectic Medical Society. Since 1890 he has filled the chair of obstetrics and diseases of women and children in the Eclectic Medical Institute. Since the death of Prof. King, whom he succeeded, he brought out a revision of the American Eclectic Obstetrics. Dr. Wintermute leaves a widow, but no children. As an instructor, Prof. Wintermute took a high rank. He was a fluent speaker and gave excellent satisfaction, and was unusually well liked by all of his students. He was one of the associate editors of the Eclectic Medical Journal.

Very sincerely yours,

J. K. SCUDDER, M.D.

Original Articles

Chronic Diseases.

BY MAX MEYER, M. D.

Read at the annual meeting of the Eclectic Medical Society of the State of New York.

Close investigation of chronic diseases leads us to the conclusion that they have a base common to all, and every one who becomes a sufferer has undergone at his birth already a dreadful past. The foetus has developed in a sickly uterus whose mucous membrane has been poisoned by leucorrhea and through the mother's blood the child has absorbed the toxic material which forms in later life the impetus of pathological conditions. There is first an acute stage beginning with measles, scarlatina, whooping-cough, articular rheumatism, and the like, terminating as the time passes on into the chronic branch of gastro-intestinal catarrh, scrofula, eczema, hypertrophied glands, etc. According to the cause, this may lead to chronic eye and ear troubles, naso-pharyngeal catarrh, formation of polyps, enlargement of the glandular structures of the neck, broncho-pneumonia, asthma, chorea minor, chronic articular rheumatism, etc. At the time of puberty a child may appear in a healthy condition, but upon close examination we will find one prominent symptom having remained, and this is the scrofulous anaemic feebleness of the heart nerves. We never hear in such a child a normal cardiac rhythmus, although the sounds may be exceptionally clear. Either the rhythms may be weak and feeble, loud and accentuated, or the second sound of the right ventricle is doubled or trebled, or the first sound of the left ventricle is more or less muffled. Anyhow, we always will find abnormalities in the heart rhythm. The cause of these deviations finds its explanation in the fact that the nervous system has been poisoned, consequently the heart muscles are not sufficiently nourished, hence their action is impaired and all the organs of the body must more or less suffer, metabolism is diminished and degeneration gradually sets in. With logical consequence it follows that the irregularity of the heart's action in apparently healthy young persons forms the basis and prognostic symptom of all future chronic diseases.

If we follow the course of such persons, we will see that they do not enjoy their apparent health for a long time, but we notice that little ailments appear, such as heart and stomach pains, loss of appetite, constipation, backache, headache, asthma, obesity, etc. Soon these troubles become chronic and at times they change into acute exacerbations, which are caused either by the decrease of atmospheric pressure, menstruation and pregnancy, venereal diseases or alcoholism.

The same chronic disease presents different pathological symptoms and phenomena in the different periods of life and the more

toxin which has been absorbed the higher is the degree of perverted metabolism.

We find, for instance, in the stage where the cells cannot convert the food into fat a precedent status in which the nourishment is transformed into the components of sugar only, and these being soluble do not adhere to the cells, and are excreted with the urine. Thus, the picture of diabetes mellitus appears before our eyes. The cells have to do an enormous amount of work. They do not use the food advantageously, hence large quantities must be ingested to produce the quality for the sustenance of life. The consequence is a voracious appetite and intense thirst, a pre-senility of the cells, which are too weak to perform their duty normally. From this we see that the excretion of sugar is a symptom merely which has nothing to do with the disease itself.

In all chronic diseases the decrease of the atmospheric pressure exalts the symptoms, and this is true in diabetes also, as the excretion of sugar is abundant as soon as the barometer falls.

It is a well-known fact that by a rigorous diet the reduction of sugar can be accomplished for a certain length of time, but we will find that the appearance of sugar sets in as soon as a decrease of the barometric pressure is noticed, hence the excretion of sugar does not depend upon errors in diet, but upon the degree of atmospheric pressure.

It is evident that none of the symptoms and phenomena which accompany the excretion of sugar exist per se, and that diabetes mell. is not a specific disease, but that all cells of the organism are impeded under given conditions in the assimilation of food, whose molecules are not properly transformed and excreted as sugar. Hence it leads us to the logical conclusion that we must change the treatment so long adhered to and not heed the former great cry that we must reduce the sugar. Our work should be to improve the underlying pathological condition.

The rule was formerly to treat chronic diseases by certain rules and principles, but if later on the analysis of urine showed the presence of sugar, the given medication was suddenly interrupted and the so-called diabetic diet prescribed. Bread, starch, sugar were strictly forbidden, and eggs, milk and meat substituted, but this was also inhibited as soon as it became evident that the last named substances had no effect in the reduction of sugar. The patient, by the withdrawal of the nourishing substances, became weaker, the sugar did not decrease, he was scared and ran from one authority to the other, from one sanitarium into the next. He read books on symptomatology, pathology, therapeutics, in order to learn about his disease. He consulted hydropathist, osteopathist, even Christian scientists, he bought patent medicines offering a sure cure. He eats graham bread, gluten wafers, saccharine. He goes to the watering places, bathes in and drinks the medicinal

waters, loses time and money; but the sugar does not disappear. On the contrary the patient notices ailments which formerly he did not have, because the graham breads produce constipation, the waters ruin the stomach and intestines, the patent medicines weaken the heart. Unceasingly the poison gradually undermines the organism and the diabetic diet deprives the body of its vitality and decline sets in, the organs deny to functionate and degenerate step by step. First the hair and teeth fall out, then the pelvic nerves begin to ache during the night, the nerves of the eyes suffer, and finally the abdominal organs follow, and with gangrene and coma the organism approaches dissolution. The pathologic anatomist expects to find upon postmortem examination lesions of the brain or pancreas, but to his surprise a negative result is obtained, which shows only, as since hundreds of years, a destructive change of the lungs, heart and other organs, notwithstanding the newest remedies which had been administered.

Therefore it is absolutely necessary to deviate from the treatment which has so long dominated, and not purely treat symptoms, but the entire organism, whose toxic cell-chemism has reached a high degree of stability. Let us observe nature and let us learn how to imitate its healing process and the methods to accomplish that. Nature has divided life into five stages. The main ones are that of the child, that of the adult and that of old age. Between the first and second one and the third and fourth one two intermediate stages exist, namely, puberty, the change from childhood to maturity, and the climacteric period, the transition into old age. Each stage is governed by other conditions of the cell-chemism. In early life its liability is at the maximum and its stability at the minimum. Advancing in life the reverse develops gradually, so at the end we find liability surpasses stability, consequently the nourishment of the organism must differ in the different stages. The physician has to do with sick organisms and his treatment must not be directed upon a chronic disease in a single organ and to administer for it specific remedies, but he must treat the whole system. It is well known that all diseases are accompanied by secondary affections which, especially in chronic troubles, are so manifold in their nature that it is very difficult to diagnose between the main and the secondary ailment. Furthermore, it is true that the same remedy in the same disease cannot be given to every one, because we have to consider not alone age, but the constitution. Nature teaches us that a child cannot stand opium, but calomel and potassium iodide, whereas adults are very susceptible to the latter, but can bear very well the former, hence another age, another remedy for the sick organism in the same disease.

Nature nourishes the healthy person with a mixed diet and this cannot be accomplished with a simple food-material, even not

with the best one,, because it would afford so large quantities that the organism could not absorb them. May it be that chronic diseases are caused by toxic metabolic products of bacteriae, or, as I hold, toxic gases in the atmosphere. At all events a toxin is the underlying cause of these diseases and we have to neutralize it in order to master the condition. This toxin, although in highly diluted form, attacks all tissues and organs of the sick and is present in large quantity, but these possess according to their functions a different chemism and their heterogenic chemical constituents will only unite with the same poison to form different compounds which again need other agents to split up into simpler forms. Hence if the physician takes all these facts into consideration he would be bound to give not alone very large doses, but to invent also a remedy which would comprise all the chemical and physical properties adaptable for all organs and tissues, but such a multum in parvo remedy can and will not exist. The physician has to search then for a substance which contains in relatively small doses such active principles as supplement each other in their actions and which can be blended in great variety in order to be capable of imitating every shade in the chemism of organs and tissues.

After long and laborious study, chemically, physiologically and clinically, I have found a combination which I have named "BasyI" and which is described in my patents. This true chemical compound possesses in every respect all the properties which we have searched for, as we can blend it in infinite ways and by doing so we can administer it in minute doses without losing its remedial effect. If BasyI is mixed with well known alkaloids it acquires the character of becoming a vegetable antitoxin in the fullest sense of the word.

It is plausible that a specific treatment for chronic diseases cannot exist and also not specific remedies, but we can divide the medicinal substances into two groups, namely, dispersing and uniting remedies. To the dispersing remedies which lessen the cell-chemism belong all extracts and alkaloids of the narcotic groups, such as extr. hyoscyamus, extr. belladonna, atropin sulphas, scopolamin, hydrobromate, hyoscyamin. extr. nux vomica, strychnine, nitricum pilocarpin muriaticum, acidum arsenicosum, cocainum muriaticum. The two latter act under certain conditions as uniting remedies also.

To the uniting remedies which hasten the cell-chemism I place calomel, sublimate, potassium iodide, ferrum pyrophosphoricum, chinin, caffen, ergot, berberin, extr. sarsaparilla, codein, alcohol.

I employ the above named remedies as follows:

For the first main and first intermediate stages as separating agents: Nux vomica, atrophin sulph., acid arsenic. As uniting agents, calomel, potassium iodide, ferr. pyrophosph., chinin mur.

For the second main and second intermediate stages, as separating agents: Extr. hyoscyamus, extr. belladonna, extr. nuxvomica, atropin sulphas, scopolamin, hydrobrom., pilocarpin mur., cocaine mur., hyoscyamin.

As uniting agents: Caffein mur., extr. sarsaparilla, ferr. pyrophosphor, berberin, ergot, acid arsenic, potassium iodide, basyl.

For the third main stage: As separating agents:—Strychnine nitr., atropin sulph., hyoscyamin, cocaine mur. As uniting agents: Chinin mur., basyl, extr. sarsaparilla, alcohol.

All these remedies are administered in such small quantities that no ill after effects can take place and they are so combined usually that every separating agent receives one or two uniting substances. The reverse very seldom is made use of.

It would be beyond the scope of this paper to give a detailed description of the course of treatment of any chronic disease, because the therapeutical measure depends so much upon the various prevalent circumstances, but in the following I will point out some of the general principles which have given me the most happy results.

Three ways I use to introduce medicine into the system. The first is by the digestive tract, the second by epidermic inunctions and the third by hypodermic injections. In the course of treatment I employ all three and I generally begin with the inunctions in order to prepare the system by the slow absorption of the remedies. A teaspoonful is thoroughly rubbed into the skin of the arms, legs, ant. thorax and abdomen, post thorax and abdomen, so that after eight days the cycle begins again. Four cycles are usually sufficient. This is followed up by medicines taken into the stomach for a short period upon which hypodermic injections are given. The ordinary Pravaz syringe holding 1 cc. and a long heavy needle is employed. A large fold of the skin is pinched up by the thumb and index finger and the needle is plunged at the valley of the fold parallel and longitudinally. Gradually a few drops of the fluid are injected, and by pushing the needle forward the same operation is repeated. Then the needle is withdrawn, the puncture closed by the finger tip and gentle massage over the area performed. Finally a small pellet of absorbent cotton moistened with lead water and fastened by a strip of adhesive plaster finishes the procedure. On sensitive persons anestheticizing of the skin by ether is recommended. Subcutaneous injections are contra-indicated in patients under twenty years of age, in old diabetics suffering from diseases of the lungs and heart. After about one hour a reaction takes place and there might be slight fever, chills, weakness, backache, nausea, anorexia, constipation, ringing of the ears, the pulse is hard, the heart beats rapid. Within twelve hours all these disturbances disappear, the patient perspires freely and now feels in an excellent condition. Repeated injections lessen the appearance of

the reactions. The treatment is begun with the mild acting chinin-arsenic salve and followed by basyloil inunctions. Next we administer sarsaparilla extr. and chinin "or replace the latter by basyl," whereupon pilocarpin-chinin is prescribed. At this point the first subcutaneous injection of atropin-basyl is given, which is contra-indicated in slow heart action, dysentery and paralysis. Step by step we follow with pilocarpin-chinin, arsenious acid-chinin, both varying in doses, and continue with the subcutaneous injection. The next prescription consists of iron pyrophosphate-chinin and arsenious acid, then hyoscyamus extr. changed with belladonna extr. or atropin.

It is evident that the medication must be changed according to symptoms and circumstances, and that the skillful shading of the doses will accomplish a positive cure.

127 East 115th street, New York.

Cholera Infantum.

BY ALBERT FOX, M.D.

This disease is the scourge of babyhood. Statistics if I have been rightly informed from the Foundling Hospital in New York, show that it loses 90% of its inmates; it may not be from this cause alone but a large proportion from this cause.

The whole fraternity dread to encounter the disease. I have had my ups and downs the same as you all with this disease for many years with varied results in my experiments at the bedside of mother's darling baby, perhaps the first born.

I have found a specific for this disease so universally dreaded by the medical fraternity. It is this: Echinacea 5i to 5ii, according to the severity of the case, combined with silicea 3x 5i and simple syrup to make 5iv.; shake well until all is properly mixed, then give one teaspoonful once in two hours. If they are inclined to vomit it will generally overcome that disposition. The syrup should not be excessively sweet, that will some times cause vomiting.

For food I have milk peptonized by Fairchild's Peptonized Milk Powder as directed by the manufacturer.

If they are suffering pain in the bowels which will be manifested by drawing up the feet, lay across the bowels cloths as hot as they can bear wrung out of hot solution of vinegar and salt water, equal parts. Do this until the pain ceases.

I will say this that if your little patient has a fair constitution to fall back on he will recover.

In the past ten years I have not lost 2% of my cases. I often prescribe for them in my office giving the mother directions as I have recorded them here, and it always does the work.

Aden, Arabia, April 2, 1906.

MY DEAR DR. BOSKOWITZ:

Since bidding you farewell a couple of months ago, I have seen much to interest and instruct one of an enquiring disposition. That, too, outside the studies that concern tourists as a class. I shall not in this article attempt to touch more than one problem, and that is the thing we call dirt.

In Naples I became much interested in *dirty people*. I could not well avoid them and study the habits of the masses. If there be any form of body dirt these people have evaded I cannot imagine what it can be. If there be any smell that is an accompaniment of all forms of dirt, collectively or singly, the searcher will surely find it in Naples among the people of the old section of the city. If unmoved trash, vegetable, animal, sea creatures, land creatures can harbor or breed germ life, Naples possesses the medal for variety. Surely no microbe of dirt, no bacteria of dirt, exists anywhere but can find here a relative. If there be such a thing as evolution, here it may begin in dirt that will rest unmoved for ages.

Pass now to Egypt. Take the city of Alexandria. Go to the Arab section of old Alexandria. Again we find narrow streets, people in profusion everywhere; men, women and children huddled together, on the sidewalks, on the streets, in the homes. Here, too, is dirt, human bred dirt, anything that can ferment, fester, smell. Here, too, the ages have passed in dirt begrimed, dirt laden form and style. But one advantage has the city of Alexandria over Naples that I can see. Alexandria is Mohammedan. The Moslem religion *commands* that certain bath processes be made each day. The mosque contains a large pool of clean, running water. Here the Musselman must bathe before entering the mosque. So much for Mohammed and his laws. But yet, the Arab in the streets, the native in his home is not scrupulously exact. But, if there be any cleanly advantage, the Arab possesses it over his neighbors across in Italy.

Now to the lesson of it all.

These dirty people are healthy. I inquired in Naples and Alexandria, to be informed that the people were as a rule healthy. If dirt breeds disease, they should all be afflicted. If these people were like ourselves, I believe they would be self-exterminated.

The microbe of health is in my opinion a myth. But the culture of *immunity* is a fact. These people have been bred in filth and nourished on dirt. To be clean in Lazaroni Naples would be to be abnormal. To be dirty is to be in normal condition. They have surely become immune to dirt, their systems resist influences that would turn a cleanly American into a bed of fever. Then comes the question. If this be so, are we not inviting disease by over cleanliness? In other words, cannot a race of people become so

fortified as to be able to resist influences that with other people would prove destructive to life? Have the dirt beset residents of these dirt-laden hives, an immune power as concerns filth, that cleanly people do not possess?

* * * * *

But as I write I recall that two days ago I passed the City of Mecca, the point of pilgrimage to the faithful Moslem. In Egypt, I saw great caravans of camels and donkeys, with their loads of the faithful on their way through the desert to that great goal. I was told that half would die, that perhaps less than half the number would ever return from that fearful journey through waste and sand and heat indescribable. And I recall that from this very land comes the specter of cholera, stepping from city to city, after its escape, reveling amid the dirt-laden cities of Asia and Europe. And then I ask, are these nests of filth, breeding places for their master the cholera when comes his time to start on his journey of devastation?

Sincerely yours,

JOHN URI LLOYD.

Congenital Deformity.

BY O. H. ROHDE, M.D.

Read at the annual meeting of the Eclectic Medical Society of the State of New York.

The practice of orthopedics received attention in early times. Tradition handed down gives various treatments practiced, but nothing definite, until the writings of Hippocrates were collected and examined some 500 years B. C. It really was not until the eighteenth century that orthopedics was given practical attention, and that writers began to classify any deformities and means of relief. The nineteenth century gave proof that many physicians had made orthopedics a life study, that the congenital deformities were more carefully noted, also that obstetric practitioners were to some extent aiding the orthopedic surgeon by more careful attention in the care and delivery of the parturient. An impetus was given this branch of practice in the closing nineteenth century, by the establishment of special hospitals, dispensaries and clinics for all orthopedic cases. The visit to America of Prof. Lorenz, to demonstrate his method of treatment of congenital hip dislocation, was marked by a closer application to study all deformities. Many colleges have now an established chair on orthopedics. Thus from a practice, it has risen to a science. With brief outline we will take up the causes, deformities and possible prevention of congenital deformity which I do not believe has as yet been given sep-

arate attention. The treatment medically is best aided by the use of specific Eclectic tinctures, given prior to and during pregnancy. They are actually specific in nearly all existing conditions generally met with in the pregnant woman. The congenital deformities noted are as follows: Congenital valgus, equino varus, talipes cavus, talipes calcaneum, talipes planum, tortocollis, displacement of toes and fingers, hammer toe and finger, clubfoot, congenital dislocation of hip, knee, shoulder and elbow joints. Congenital deformity, as club hand, polydactylism, lobsterclaw, minor deficiencies, as ectrodactylism; congenital union as webbed fingers, toes, or union of bodies; congenital contraction of fingers and toes, inwards, outwards, sideways; congenital hypertrophy of fingers and toes, congenital amputation of fingers, toes, arm, legs, thigh, whole or in part, also of the long bones, organs; congenital absence of anus vulva, congenital facial deformities, congenital misplacement of organs, congenital anchylosis, oedema, spina bifida.

The abnormalities are frequent, and come under the attention of every orthopedic and general practitioner. The question presented is not how to relieve these deformities by medical, mechanical or operative methods, but to call attention to measures of precaution, combined with the use of powerful health-giving remedies, embodied in the Eclectic specific tinctures, a true physicians' vademecum. We know little today of congenital causes. We believe deformity due to various factors, we must study them all, and if possible avoid deformity in the foetus. The obstetric lecturer must educate the students in this matter, the specialists in obstetrics and the general practitioners the parturient as early as possible, regarding her condition, and possible results, and make her the best factor, to secure a healthy child. The family physician has an important duty to perform, he cannot calmly advise that all will be well, and trust to nature, believing that as 95% are born normal, it will be in this case. It is the duty of the physician to note heredity, present mode of living, the surroundings and condition of patient if a primipara and of the children, if a multipara, the physical condition of the husband, his mode of living, employment, if possible the family record, and present physical condition; also that prior to marriage. Gonorrhoea, syphilis, tuberculosis, employment, mode of living, habits, surroundings are factors to a great extent and demand close scrutiny of women married under these conditions. This is understood by the physician, he must know it, especially the practitioners in great cities, where an immense cosmopolitan class is densely packed in quarters or districts; under such conditions it is next to impossible, under present city administrations, to do more than the plain duty to instruct and aid development. In this many physicians who practice obstetrics, or who in general practice attend and take up cases of pregnancy, are either too busy to give more than passing attention, or simply book the date when the case will come

to term, and with a passing remark regarding diet and a glance at the urine, remain content until called to deliver. This is also true in country practice, as many patients, who later reside in cities, compelled to secure hospital treatment for their children, also the many country people, who bring their little ones for treatment to city institutions, prove when the history of the birth is given that a little more care, and attention given during pregnancy would have aided to avoid the present deformity. Many serious and also humiliating results follow careless delivery of a parturient at this critical period, causing deformity that simulates congenital. We have niggardly families who will not allow themselves any comfort or treatment, or who are very ignorant, that hamper the good work of a physician, or the mistake of a family employing a midwife, who ignorantly labors under conditions that require expert medical aid. In brief many injuries result simulating congenital weakness, and if the infant survives, are only diagnosed later under their true name. The etiology of congenital deformity is only partly understood, very much a matter of conjecture; the main factors are shock, due to accidents of travel, blows, the sudden onset of animals, reptiles, exposure affecting the function of nerve centres, the sight of crippled or suffering children, malnutrition, fright, abuse, heredity, and disease, especially syphilis and tuberculosis. The prevention and treatment of congenital deformity and any possible deformity following birth is really a national matter especially in this country, where an ever increasing mass of aliens, illiterate to a great extent, ignorant, superstitious and with slight government restrictions are entering through many ports, crowding already congested city centres, constantly adding to an existing medical burden that falls heavy on the taxpayer. The local boards of health pay little attention to births, beyond securing registry, there are no societies beyond the free nurses, to instruct the young woman regarding healthy motherhood, there are no laws to weed out diseased couples, or laws that require a rigid medical inspection of both contracting parties prior to marriage though often advocated by leading medical practitioners, and right thinking women. As a rule the young of both sexes know little of one another, kept in ignorance to a great extent by parental views, narrow, ignorant, a sense of false modesty or by feelings of repugnance until too late.

When diseased young people marry, or elderly men marry young women, or neurotic, elderly women marry younger men, we have about the same result in the wretched offspring that mainly eke out their lives in the hospital wards, in sanitariums, under care of special nurses in seclusion at home, or, as with the poor of cities, drag out their existence between hospital and dispensary. This is a common occurrence. There are, however, many cases who apply to the physician in early pregnancy, and from the writer's researches, an increasing number really anxious to secure

healthy offspring, who readily follow instructions, and aid the physician; these cases encourage him to perform his duty, to carefully examine and instruct the pregnant woman. It is the duty of the laity to recognize, follow and carry out these instructions, and arrange for service of delivery, the most critical period in a woman's life. The public itself is to blame in a great measure for many of the evils following confinements by the neglect to secure in time the best efforts of the physician by forcing him to trust to an utterly incompetent so-called nurse or robbing him literally of his well-earned fee; enough real honest misfortune and poverty exists which make demands on a doctor's time without his being compelled to be a factor in producing a possible misfortune to the new-born child, and then receive the blame. In all those cases who accept treatment, and who can be reached and guided, good and far-reaching results accrue by use of the splendid specific tinctures; small in dose, lasting in effect; armed with these, the physician can, aided by diet, exercise both mental and physical, bring the parturient to a normal term; they will regulate the bowels, they will aid digestion and assimilation of foods, aid glands and uterine appendages, the kidneys, urinary tract, nerves, circulation, heart's action and foetal growth, reducing a possible congenital deformity or a following one to the smallest factor. Many physicians use the remedies. Many do not. A few are given here under different headings to aid their use, remembering that a blonde requires less than a brunette in dosage. For liver congestion, constipation, gallbladder, use *chionanthus juglans*, *cheledonium*, *podophyllum*, combined with *leptandra*, sodium sulphate, sulphite or phosphate, ammonium chloride, *nucis vom.*, *rheum*, *polymnia uvedalia*, *belladonna*, *ignatia*.

For assimilation and aid to digestion use *hydrastis* with or without sherry wine, *columbo* with or without Na. or K. bicarbonas, *corydalis*, *gentian*, *taraxacum*, prickly-ash bark, *turnera microphyles*, *euphorbia*, *colocynth*, minute doses, *cornus florida*, *peuthorum sedoides*, *iris*, *alnus*, *phytolacca myrica collinsonia*, *pulsatilla*, *ipecac*, *zingiber*, *rheum*, *phosphorus*, *carbo. veg.*

To aid kidneys in removing waste and improve bladder, decreasing the various deposits found in pregnancy, use *Mitchella* and *trititicum repens*, *stigmata maidis*, *thuja*, *agrimony*, *apocynum* with *sambucus*, *apis strophantus eryngium*, *hydrangea*, *vesicaria communis*, *phosphorus*, *eupatoreum purpureum*, *belladonna*, *gelsemium* in small doses, oil *sassafras*.

To aid the heart in this condition and incidentally the foetal heart, use *cactus adonis*, *strophantus*, *convallaria*, *veratrum viride*, *lobelia* in minute doses, ammon. carbonate, *lycopus*, *pulsatilla*, *glo-noin*, *atropin sulph.* if a brunette, *strych. sulph.*, *cratygus oxy.*, *nucis vom.*, *arnica*, *aconite*; also a combination of *cactus*, *cornus*, *collinsonia* and *convallaria* is useful to aid heart and system together.

To aid the gravid uterus, preparing it to perform its function of evolution normally, overcome intra-uterine compression—a factor in congenital dislocation—aid foetal growth and maintain healthy muscular action, the physician will find valuable aid in the viburnums opulus and pruni., senecio, black and blue cohoshes, hydrastis, aletris, arnica, helonias, ergot, dioscorea, ignatia, pulsatilla, tiger lily, zingiber berberis, hyoscyamus, Jamaica dogwood, skunk cabbage or symplocarpus.

In case of blood disorders when discovered, treat constitutionally, paying strict attention to the bowels, using the saline laxatives, cascara or injections. Aid by mixture internally of sulphur and cream tartar. The following remedies are effective, as alnus, iris, kalmia corydalis, prickly-ash, sassafras, sarsaparilla, lappa echinacea, sarracenia, phytolacca, thuja, stillingia, iodide of lime, hydrarg. iodidi rubrum granule 1-25, calcium sulphide, menispermum. These can be given singly or in combination, according to condition.

For gonorrhoeal conditions, any of the remedies mentioned for kidney and urinary tract are useful and effective, to which add infusion or oil of sassafras, and flushing both bowels and bladder, the latter with hydrastis and also K. permanganate. If in fear of cervical infection in early cases, douche with zinc sulphate and hydrastis or K. permanganate gr. v. to 2 quarts warm water to avoid dilation.

For tuberculosis, fresh air diet, olive oil, exercise, close attention to all organs, notably the glands, is important, as this disease is often masked. Glandular swellings may show early, especially on the neck. Paint at once with alnus rubra, and give a mixture internally 10-drop doses every 4 hours of iris 1-3, pokeroot 1-3 and alnus 1-3. This outward application draws well and guards and will prevent the foetus from being infected. A marked case of glandular infection came under my observation last summer, July, 1905, this remedy drew and evacuated the gland. The woman went to term bearing a healthy child, though placenta and most of the cord fell to pieces. As stated there is no definite guide to aid the physician in overcoming congenital deformity: we remain in ignorance of foetal conditions until birth, we know, however, the powerful effect of specific tinctures and Eclectic physicians can with confidence continue their labors, noting results in every case. These remedies singly or in combination, aided by hygienic exercise, fruit and vegetable diet, will if the constitution can be rallied, help to prevent congenital deformity, and carry a foetus to a healthy termination, even if the uterus is not healthy, and the patient meet with shock, or other incidents. We know that the uterus and placenta protect the foetus by taking disease to themselves, this is nature's effort to overcome the disease in the system: with specific remedies a great gain is given the parturient. We must secure the best physical condition, irrespective of race or creed, or surroundings, for humanity's sake, and the nation's welfare, to bring a healthy child

into the world. The physician's influence in his practice must be far-reaching among his female patients to influence them in their true duty to themselves when pregnant. Speed the day when the women of this country in their efforts for emancipation, will of themselves take up this question of marriage and healthy offspring, remove the present burden resting on the community and reduce deformity, disease, suffering and death of countless children to a fraction, it means a healthy community, a hardy race, happier homes and a nation's safeguard. The million-dollar Wiedener building for crippled children, opened this month in Philadelphia, is an evident attest in proof. Many more will follow.

Brooklyn, N. Y.

Cholelithiasis.

BY ANNA MARTIN-KING, M.D.

Read at the annual meeting of the Kings County Eclectic Medical Society.

Cholelithiasis or gallstones is now a disease so constantly brought before the attention of the physician and surgeon that it has assumed a place equally important as that of appendicitis. It is a disorder that is infinitely complex in its clinical forms, and in the various complications that may arise during its course, and in the therapeutic indications that it presents. The question is asked, must the patient be operated on, or can he or she wait? Can we attempt to distinguish between the cases suitable for the surgeon alone, or have we any medical means in our possession that offer a promise of success? The question is a most important one, but difficult to answer. Lejar, a noted French surgeon, claims that every case of biliary lithiasis ought to be operated on during its gallbladder phase—even when there is no infection. Personally I do not think operation necessary in every case. Medical treatment has been very successful in my hands, with six or more cases, where operation had been advised but not permitted, owing to a fear of the knife.

Calculi, which is formed in the gallbladder, is an insoluble compound due to the precipitation of cholesterin from bile, and the combination of bilirubin and lime. The lime exists in slight quantities in the bile, and is thought to be a pathological product of the mucous membrane of the gallbladder. Nawyn claims that the cholesterin is chiefly a secretion of the mucous glands of the bile passages, and may be found in larger amounts in an angio-cholitis,

caused by the irritation of bacteria. Besides the constituents already named, the following elements and compounds have been noted: Calcium sulphate and phosphate, copper and iron, combined with bilirubin calcium.

The gallstones vary in size and density, from a grain of sand to the size of an English walnut, or even larger. Fiedler reports a case of a female, age sixty, who passed a conglomerated mass the size and shape of a pear. When the stones are small they are usually numerous, and in one case over two thousand were removed. The larger ones exist singly or in small numbers, the shape dependent upon the number present. When large or singly, they are round or oval, but when a number are together in the gallbladder or in a sacculated enlargement of the bile duct they are faceted, the result of attrition. The mode of formation is by no means clear. It is said a defect in the sodium salts seems to favor the precipitation of the cholesterin and bile pigments. In a number of cases under my observation, I learned upon inquiry that little or no salt is used upon the food—the patients claiming that they had no desire for it.

The gallbladder will tolerate the presence of a large number of stones for an indefinite period of time. It is only when the stones are being passed that the discomfort begins. Gallstones may be formed at any period of life, but are most frequent after thirty-five years of age. Seventy-five per cent. of the cases occur in women who have borne children. Sedentary life when combined with an overindulgence in food, tight lacing and mental depression, seem to favor this condition. The attack sets in abruptly, preceded by a sense of oppression and distress in the epigastric region. Nausea and vomiting ensue. Intense pain in the right hypochondrium region, radiating to the shoulder and lower thoracic regions. The pain is sharp, stabbing in character, and so intense that the patient rolls about in agony. Rigors and sweats, followed by a temperature ranging from 102 to 105 are present, dependent upon the character and severity of the case. The face is pale, covered with a clammy perspiration. Pulse is very small and weak, and the tongue is covered with a thick, pasty coating, while the breath has a fetid odor. In severe cases, the liver may be enlarged, and in most cases always tender, especially so the gallbladder. The urine contains albumin and red blood corpuscles, also bile pigment. The latter may be found before any change is noticed in the skin or conjunctiva. Icterus ensues a day or two after the attack begins. The intensity is dependent upon the amount of obstruction. When the obstruction remains, the feces are clay-colored, and the urine very dark mahogany color. Intense

itching of the skin and pruritis are among the disagreeable symptoms present. Prognosis is almost impossible, owing to the sudden and unexpected termination, and varied consequences due to the formation of a gallstone. An attack may come on and last but a few hours, and the patient go on to recovery, while a more serious attack, producing death through bowel obstruction and perforation, with peritonitis, may result.

In considering the treatment of cholelithiasis, we should give our attention to the infected as well as the non-infected lithiasis, and direct our efforts toward the condition of the intestinal canal. Constipation, which is the rule in most cases, should be corrected, and a free copious movement of the bowels produced. I have used podophyllum in small doses, and used it in two-grain doses. In some cases the result was satisfactory, in others not at all. Calomel in two-grain doses, combined with sodium bicarb., given every hour till ten grains are taken, has proved most satisfactory. The above is always followed by citrate of magnesia, and is repeated every twenty-four hours, till thirty grains are taken. Water diet is next in order. The patient should not be allowed anything to eat, but drink large quantities of water, preferably hot, in the form of lemonade, with seltzer or ginger ale as a change. A gallon of hot lemonade should be drunk every day for a week. After the acute symptoms subside broths and milk may be taken. Hot baths should be given, the patient being covered with water as hot as can be borne, remaining fully ten minutes in it. If this can not be done, poultices of hot antiphlogistine over the region of the liver and gallbladder will be found very comforting to your patient. Flushing the bowels as high as possible with a cold or tepid salt solution will produce peristalsis and wash out large quantities of mucus, at the same time stimulating the flow of bile. Morphia in one-fourth grain dose hyperdermically will control the intense pain. As a stomachic sedative, bismuth subnitrate and cerium oxalate, of each 3 grains; cocaine hydrochlorate, one tenth grain—this is to be repeated in two hours if necessary—has always allayed the gastric disturbances in my cases. During the periods of apparent recovery that separate the crisis, a line of treatment should be mapped out for the patient, and the physician should see that it is steadily and faithfully pursued. The use of calomel, salol and sodium benzoat as intestinal antiseptics has proved highly efficacious in my experience in eliminating the bacteria which is always present in this disease.

Brooklyn, N. Y.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

The First Row in My Medicine Case.

NO. V: CACTUS GRANDIFLORUS.

The range of usefulness of cactus is extensive, and the more fully one becomes acquainted with its valuable properties the more successful will one become in the treatment of a class of wrongs of life which is numerous. Our most eminent investigators have long since clearly demonstrated the fact that cactus exerts a most decided influence over the cardiac plexus of the sympathetic, and that its effects are not only extended to the most minute distributions of the nerves, but to every capillary in the body as well. They also agree that it stimulates the vaso-motor centers, the sympathetic ganglia of the spinal cord and the muscles of the heart.

Cactus is a remedy of positive therapeutic action, and its results are usually so plainly manifested that it is impossible for one to overlook them. It seldom, if ever, disturbs the stomach, but if given in overdoses it will produce toxic effects, causing irritant diarrhoea, neuralgia, spasms of the heart, and sometimes carditis and pericarditis. In medicinal doses it may be continued as long as may be deemed necessary, as it has no cumulative effect.

In the treatment of the aged cactus fills an important place, and my experience in practice teaches me that if anything will keep their old, weary hearts in a condition to supply their tissues with life-sustaining blood cactus will accomplish it.

In impaired action of the heart, whether functional or organic, cactus is a most efficient remedy. Of course, it cannot be expected to cure structural diseases of the heart, but in such diseases when the action of the heart is irregular, or intermittent, or when there is regurgitation due to valvular insufficiency, it will strengthen the impaired muscle. Cactus will not close dilated openings, or overcome valvular deficiency, but it will do much toward sustaining and bringing about a better action of the permanently diseased heart. In fatty degeneration of the heart it acts equally well, but in mitral stenosis it is said to be contra-indicated.

In endocarditis, pericarditis and myocarditis much benefit is derived from the use of cactus, and in angina pectoris it may well constitute a part of the treatment. It is an absolutely needed remedy in cardiac weakness and threatened heart failure due to exhaustion from over-exertion. In neurasthenia of old age, and in nervous exhaustion, the judicious administration of cactus will produce results pleasing alike to

patient and doctor. It also constitutes a medicament well adapted to the treatment of the "tobacco heart" of cigarette fiends and the inveterate smoker. In these cases the patient will complain of precordial oppression or the sensation of a band tightly bound about the body, or the organ or part affected. With these symptoms—it matters not where they are located—we have a call for cactus which should never be neglected.

Cactus is especially adapted to the treatment of nervous women who are afflicted with cerebral congestion, heavy pain and weight in the head, numbness of the arms and legs, inability to lie on the left side, and menstrual troubles. It is also an excellent remedy at the climacteric in nervous women.

Although cactus is most frequently indicated in cases in which there is no increase in temperature, it is not contra-indicated in fever, and in many cases of pneumonia and other fevers it is often a remedy of the utmost importance.

Cactus is tonic, sedative and diuretic. The following are among the leading specific indications calling for its exhibition: Irregular action of the heart; uneasy sensations in the region of the heart; intermittent pulse; sensation as if a band was tightly bound around the chest or head; palpitation; shortness of breath on slight exertion; fear of impending danger.

The dose of specific cactus (or a good fluid extract) is from $\frac{1}{2}$ of a drop to 10 drops, but it is usually employed as follows: \mathcal{R} Cactus grand., gtt. v to xxx; water, \mathfrak{z} iv; teaspoonful every hour to every three hours.

The Shock Theory.

BY WILLIAM COLBY COOPER, M.D.

I am writing this for Dr. Fyfe's department, because nothing else in the whole range of medicine bears so vitally on clinical success as do the *fundamentals* of therapeutics. In my "Disquisition on Therapeutic Philosophy" (part second of my latest book, "Preventive Medicine"), I insist with all my might on the impregnability of the shock theory. I try to show why this "theory" is philosophy. But such is the force of our inherited conservatism, and our servility to classicism, that many even highly intelligent physicians have failed to do my argument justice. Even my brainy, and thoughtful, and forceful, and noble friend, Dr. Fyfe, is not convinced that I am infallible, and that I have said the last word on the mode of drug action. This is made evident in his rather guarded manner on this head in his late most sympathetic and excellent review of my book. But I believe I can convince the doctor, and a majority of those who shall read this, that I am right.

First, I beseech you, brethren, to disabuse yourselves of the late

fashionable notion that disease is not an entity. It *is* an entity, because it is a *thing*. You cannot dodge the fact by calling disease an action, or process, for these, being *things*, are entities. Disease is *something*, not *nothing*, and to be *something* is to be an entity. There *is no non-entity*, because *no-thing* is unthinkable, and what is unthinkable does not exist, so far as we are concerned. I challenge any man living to successfully controvert this position.

Disease being an entity, and an unfriendly one, is something to be either driven, or coaxed, out of the organism. Can it be coaxed out of the system? Most decidedly *no*. Now, think of it, doctor—*how* could it be coaxed out? The most favoring environment can do is to remove an opposing force to the *vis medicatrix naturae*. It can not take unto *itself* the disease. It cannot oppose to the disease something more congenial to it than is its flesh-and-blood precinct, and therefore it cannot *coax* it out.

Can a drug coax it out? You instantly see the impossibility of this, for you know that drugs are heterogeneous to the system. Drugs are foreigners, and natural enemies to the system. It is not the habit of foreign invaders to coax or coddle. The organism reacts *repulsively* on the invader, and it is through this reaction that cure is effected. The reparative force which is making for the normal is, by this hostile presence, called into *extraordinary* effort. It thus *drives* the disease out. It is always a force *back* of the disease which exorcises it—it is never a beckoning force in front of it that does it. Doctor, what is the reparative force for?—what is its office? If disease could be coaxed out, there would be no *need* of a reparative force, and there would be none. We all acknowledge that it is *nature* that does the curing, and that the most officious pismires can do, is to *try* to give her a fair show. Nature is *back* of our organisms—back of them in every causative sense—and she *repels* adventitious harms. Is this argument legitimate? It is right, or it is wrong? If it is right, it is our first duty to square our therapeutic method to it. If it is wrong, it is your duty, doctor, to show to the profession why it is wrong.

Disease is always cured by shock. It is needless to remind you, doctor, that you, yourself, have been witness to many a cure by non-drug shock. I cannot expand on this here; I haven't the space; I have done this in my book. There can be but *one* ultimate law of cure, and if shock will cure in one instance it will do so in all cases. The law of gravity is not more constant in its immanent assertiveness than is the law of shock in all its relations. The *essence* of shock is forever the same whatever its cause. It is *ever* the sudden arrest of a movement or process. A major shock may be ultimately expressed in a series of minor ones, whence the principle of specific medication. If you positively *know* you are selecting the *right* drug in the case of a robust patient, you will save *time* by administering the major shock. Given, a case of acute pleurisy in a naturally strong subject, and you can cure him in a few minutes by major shock, whereas it will take

days to cure him by a string of minor shocks. To accomplish your major shock you will strip your patient; have him sit down with his feet in hot water, throw a blanket over his shoulders, letting it reach the floor, and give him the sudorific tincture in dram doses in connection with hot teas, preferable pennyroyal or boneset tea. He will soon be in a profuse sweat, and his pleuritis will be gone. You will put him to bed, still wrapped in his blanket, and let him sweat for a while, being careful that he cools down *gradually*. To accomplish the minor series you will give him bryonia, or bryonia and asclepias, or bryonia and veratrum, according to specific indications. You will give these in small doses frequently repeated, *i. e.*, you will give the disease enough of small taps to aggregate a large jolt.

In all cases of doubt, *i. e.*, in a large majority of your cases, and in children or frail adults, you will resort to the series of minor shocks; that is, *if you are wise*. Specific medication is safer in proportion to the number of times you will hit the *right* drug, to the number of times you will miss it—a proportion represented by the formula, say, of 100 to 1. Specific medication is safer, too, because even if you are using the wrong drug none of the doses will be large enough to kill. Cumulative drugs, like that sneak and assassin, digitalis, might get away with your patient even under specific medication. But I must stop right here, for I find I am consuming too much of Dr. Fyfe's space. Cleves, Ohio.

[Neither the foregoing article nor the various reviews which have been published of Dr. Cooper's book can convey to the mind of the reader an adequate knowledge of the arguments which the doctor puts forth to sustain his therapeutic philosophy. The book alone can do that. It should be read from start to finish. There is much more than a dollar's worth in "Preventive Medicine" for any practitioner who will give it thoughtful consideration.—F.]

The Treatment of Burns.

There are perhaps no emergency cases in which the physician needs to be prepared to act more promptly and judiciously than in those of severe burns. In referring to these important cases the *Medical World* makes the following valuable suggestions:

"In treating burns, it is essential to remember that in all severe cases, both internal and local treatment is demanded. The first attention is to be devoted to relief of pain, sedation of the excited nervous system, and to securing reaction from shock; secondly, the local lesion is to be properly dressed. The degree of shock is most accurately estimated by the general character of the pulse. An attempt should be made, also, to estimate the probable involvement of the air passages and larynx.

In all severe cases, relief of pain and sedation of the nerves are most quickly and satisfactorily accomplished by the hypodermic

injection of $\frac{1}{4}$ grain of morphine combined with 1-100 grain atropine; in the more robust, or in cases of the gravest type, $\frac{1}{2}$ grain of morphine may be none too much. The patient should be kept well rolled in blankets while the dressings are being prepared, in order that as much body heat be retained as possible. When facilities are at hand, it is good practice to immerse the burned portions (even the entire body, if necessary) in a bath slightly warmer than the body temperature. While in the bath, it is often easy to cleanse the lesion and remove the tags of crisp skin or particles of clothing or dirt that may adhere.

If the patient goes quickly into profound shock, it is imperative that stimulants be employed, until the pulse responds. Whisky by the mouth and strychnine hypodermically are the most approved agents. Intravenous infusion of normal saline solution, to which a dram of a 1 to 1000 adrenalin solution has been added to a pint, may be employed. In these cases the warm bath is one of the best measures to aid the therapeutics suggested.

For the local dressing, the old reliable carron oil may be employed, either plain or with the addition of 1 part of carbolic acid to 20 parts of oil. Many prefer it to all other dressings, and it undoubtedly gives good results, though disagreeable to apply properly and very apt to keep patient and bed thoroughly soaked with grease. Picric acid is a newer remedy, the solution of which is prepared as follows: 85 grains of picric acid are added to two and a half ounces of alcohol, and this mixture to two pints of distilled water. After thorough cleansing of the lesions, strips of gauze are dipped in this solution and laid on the parts; this is covered with absorbent cotton and held in place by a few turns of a bandage. It dries quickly and is not removed for several days. When about to remove it, soak dressing in the solution and it will come off readily. The new dressing is then applied as before. The use of rubber gloves while applying the dressing will prevent the unsightly yellow discoloration of the hands which follows the contact with picric acid.

Professor Rice devised the following dressing for burns, and Hare states that it is better than carron oil:

White gelatin	7 $\frac{1}{2}$ ounces
Glycerin	1 ounce
Carbolic acid	1 dram
Water	16 ounces

Soak the gelatin in the water until soft, then heat it on a water bath till melted. Add the glycerin and continue heating until a firm skin forms on the surface in intervals of stirring, then add the carbolic acid and mix well together. Keep in well stoppered glass containers. When wanted for use, it is heated on a

water bath till melted, then applied with a soft brush. It forms a strong but flexible skin.

Some practitioners prefer the dry dressing of burns; it is very convenient and results in grave cases have been satisfactory. The burnt area is cleansed as thoroughly as possible and all loose tissue is removed; xeroform is then dusted freely over the surface and covered with gauze, cotton, and bandage; the dressing only requires renewal at the end of four to six days. This dressing is removed in a bath.

The kidney action must be watched carefully in all extensive burns, and if the urine become cloudy or high colored, sweet spirit of nitre and potassium citrate are to be given in generous doses."

Exaggerated Therapeutic Claims.

It is seldom that a remedy—especially a new one—will do all that enthusiastic writers and interested manufacturers claim that it will accomplish. These unreasonable claims often do much harm, for they many times cause a drug which constitutes a valuable medicament when indicated to be looked upon with suspicion. A remedy may accomplish wonderful results when called for by a specific symptom, or a group of specific symptoms, which, in the absence of these disease expressions, might prove harmful. This being the case, one who had been induced by careless or false teachers to employ the drug when contra-indicated would naturally abandon the remedy and thereafter regard it as useless or even worse. Take, for instance, passiflora and saw palmetto. If saw palmetto possessed one-tenth of the rejuvenating power that has been claimed for it, the sexual bankrupt and the flat-breasted maiden would soon cease to worry the general practitioner of medicine, and if passiflora could accomplish all that some writers claim that it can epilepsy would soon cease to be the sad and terrifying disease which now afflicts so many of our most promising youth. Saw palmetto and passiflora are good remedies when kept within their legitimate sphere, but the former will not make the aged sexually young any more than the latter will cure grand mal. Echinacea is another good remedy which is in danger of falling into disrepute on account of the absurd claims for it which are constantly being published in the medical press. Echinacea is a good remedy in properly selected cases, but not in all cases in which an antiseptic is needed.

In referring to the many useful remedies which have fallen into unmerited oblivion on account of the unjustifiable claims made for them, the *American Journal of Clinical Medicine* very appropriately remarks:

"If we don't look out a similar fate will overtake our well-known peroxide of hydrogen. Peroxide of hydrogen, or more correctly,

in chemical nomenclature, hydrogen dioxide (H_2O_2) is a very useful member of our therapeutic armamentarium. It is non-poisonous, it is an excellent cleansing and antiseptic agent and its selective action on pus is quite remarkable. But it is first, last and all the time a local agent. Applied locally, be it to wounds, ulcers, diphtheritic sore throat, or what not, its action is all that can be desired, and in some cases it cannot well be replaced by any other remedy.

But when we see the product recommended by interested manufacturers in pneumonia for its supposed action as a carrier of oxygen to the blood, when it is extolled as a wonderful antiseptic in intestinal diseases, it is time that we, as rational therapeutists, call a vigorous halt. As a means of supplying oxygen to the body it is useless. As Hare says: 'The employment of H_2O_2 internally, with the idea that it will yield oxygen that is lacking in the blood, is futile. Even if the oxygen (from this combination) entered the blood, the amount disengaged from the possible dose would be too small to be of value.'

But it is in its recommendation as an intestinal antiseptic, that the absurdity reaches its acme. Peroxide of hydrogen is one of the most unstable of all chemicals. In fact, it is upon this instability, upon the readiness with which it parts with its oxygen, that the value of hydrogen peroxide depends. This evolution of oxygen takes place particularly in the presence of organic matter. The oxygen is given off, and nothing but water is left; $\text{H}_2\text{O}_2 = \text{O} + \text{H}_2\text{O}$. When we take hydrogen peroxide internally, it begins to decompose as soon as it passes our lips; it is being decomposed in the esophagus and the process continues and is completed in the stomach. To believe for a moment that after prolonged contact with the gastric juice, with the semi-digested food, with the stomach walls, the peroxide is still peroxide and will pass the pylorus and duodenum as such, and will exert its antiseptic action on the intestinal contents, shows an unfamiliarity with the chemical behavior of this substance which is truly deplorable.

Peroxide of hydrogen is an excellent agent in its place. But do not discredit the preparation by expecting too much from it, and do not injure your patients who are in need of an intestinal antiseptic, by giving them a substance which, after being administered per os, can, in the intestines, have no more effect than so much water.

It is to be noted that 'peroxide' is being extensively and fraudulently advertised to the laity as a 'cure-all' for intestinal trouble, all sorts of sore throats, etc. It is the duty of every physician to let the truth be known, and when he wants a 'peroxid,' and he often will, to use one (and there are several good ones on the market) not so advertised."

Scopolamine Dangerous.

In writing to the *Lancet-Clinic*, Dr. J. C. Sexton reports another death which resulted "from injection of 1-100 grain of scopolamine hydrobromide with 1-6 grain of morphine sulphate. The patient, a woman forty-seven years of age, suffered from a fibroid. She was anemic, poorly nourished, pulse-rate 100, a weak heart, with vertigo and other symptoms of cerebral anemia. On account of the sleeplessness two doses of trional had been given. She was nervous and much afraid of the anesthetic. Fifteen minutes after the hypodermatic administration of the scopolamine-morphine she became comatose and death occurred in somewhat less than two hours."

As many deaths have been reported as occurring soon after the administration of this comparatively new anesthetic, great caution should be exercised in its employment. Perhaps it would be well for the general practitioner to let it alone, and depend upon cocaine, morphine and general anesthesia.

Have to Pay Liquor Taxes.

It is said that those truly moral temperance "medicines"—Peruna and Duffy's malt whisky—are now required to pay federal liquor taxes. This action of the government must be a little embarrassing to the eminent clergymen and prominent Congressmen who have been in the habit of recommending these "pure blood medicines." But, then, republics always were ungrateful.

Dr. J. R. Landers, who rightly believes therapeutics to be the most important branch of medicine, says that unless the doctor is an adept in therapeutics he would prefer an old woman with her herb teas, and so would the writer.

The *New England Alkaloidist*—a new journal devoted to alkaloidal medication—is published by the Alkaloidist Publishing Co., Milford, Mass., at one dollar per year. It is a sprightly little journal and edited by Drs. J. M. French and N. W. Sanborn, two well-known and able writers. Number four contains several very interesting articles. Long may it live.

The man who says he has lost only one case of pneumonia is either a ——— or he has had very few cases to treat.

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Put-in-Bay in June, 1906. J. P. Harvill, M.D., president; Finley Ellingwood, M.D., secretary.

March, 1907. A. E. Broga, M.D., president; E. H. King, M.D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. D. P. Borden, M.D., president; Pitts Edwin Howes, M.D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth Street. V. Sillo, M.D., president; Charles Lloyd, M.D., secretary.

Kings County Eclectic Medical Society. Meets annually in February. H. Stoesser, M.D., president; M. B. Pearstien, M.D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth Street. H. Harris, M.D., secretary.

Boston District Eclectic Medical Society. Meets the fourth Monday of each month, excepting July and August, at "The Thorndike," Boylston Street. A. W. Forbush, M.D., president; Pitts Edwin Howes, M.D., secretary.

Annual Meeting of the Alumni Association of the Eclectic Medical College.

The unusual occurrence of a rainy day for the annual meeting of the Alumni Association of the Eclectic Medical College of the City of New York did not dampen the enthusiasm nor to any degree lessen the attendance of the members.

The exercises opened at noon when Dr. G. W. Boskowitz in the absence of the President Dr. V. Sillo, called the meeting to order and proceeded with the regular routine of business. The minutes of the previous year and the appointment of committees were disposed of. By a vote of the association, a telegram was sent to Prof. G. W. Thompson expressing sympathy and regret, the professor being absent on account of illness for the first time in twenty years. In place of the usual course of having an annual address, there were impromptu speeches from a number of members, which proved to be a source of intense interest and continued enthusiasm. Our good faithful member, Dr. Fox, led the speakers with his usual vigor and earnestness. Dr. Abbott, of Massachusetts, pleaded for loyalty to the college and paid a high and most worthy tribute to the dean, emphasizing his faithful administration of the affairs of the college through all these years.

Drs. Perrine, Schultz, Tiel, Birkenhauer, Gallup, Greene, Reinle, Brandenburg, Jacobson and Bloomer contributed by their speeches, reminiscent, witty and wise to the enjoyment of the session. Our absent members Dr. Denny, Dr. Liston, Dr. Waite and Dr. Rosbach sent greetings. Dr. Pitts Edwin Howes spoke of the harmony now existing among Eclectics and believed that the past was marked too much by contention, to be as successful as the present. Two o'clock brought the luncheon hour, which was served most daintily by the

ladies and enjoyed by a large number of members and guests. Dr. Sillo introduced the speakers, calling first on the dean. Dr. Boskowitz told of the proposed recent introduction of a bill at Albany which would partially exclude all the schools, but the Allopathic, from the State examining board. The prompt action of the Homeopaths and Eclectics prevented its passage and shoved the bill into the waste-basket. "Eternal vigilance is the price of liberty."—Speeches followed by Drs. Hinds, Gunning, Jones, Allen, Kunitzer and Joy.

Dr. Pearlstein, of the chair of gynecology, presented to Dr. Luepke a case of instruments. Dr. Waite, professor of electricity, gave to Dr. Seiffert a battery, these members of the graduating class, having shown the greatest proficiency in these departments. The names, as presented by the nominating committee were duly elected for the ensuing year: Dr. C. N. Gallup, President; Dr. Max Skou, First Vice-President; Dr. W. L. Heeve, Second Vice-President; Dr. Mary B. Carr, Third Vice-President; Dr. H. C. Hinds, Secretary; Dr. Sillo, Treasurer. Drs. Brandenburg and Kiraly the committee appointed to introduce the new officers, did their work admirably and the response of each officer was happy and to the point. Dr. Gallup, on taking the chair, expressed regret that he had lost so much enjoyment in the past years by his absence from the sessions. Dr. Whitney, Dr. Cowles, Dr. Mills and Dr. Mason made brief telling speeches. Dr. Wyatt Hannath, chairman of the committee on necrology, spoke feelingly of the loss the association had sustained in the removal by death of Dr. Max Augsburg and Dr. A. W. Tompkins and the special loss to the college in the department of obstetrics, this chair having been filled so acceptably for a number of years by Prof. Augsburg.

After the announcement of the commencement exercises of the college to take place in the evening, one of the best of our annual meetings became only history, by adjournment.

DR. HARRIET HINDS, *Secretary*.

National Eclectic Medical Association.

I have been apprised by the various passenger associations that we have been granted a one and one-third fare for our meeting to be held in Put-in-Bay, Ohio, June 19, 20 and 21. This embraces all states in their territory except Ohio. Delegates from Ohio will obtain practically the same rate as one and one-third: viz., two cents per mile each way. It will be necessary for Ohio delegates to obtain receipts or certificates when purchasing tickets, for they will be counted as a part of the total number required to be present.

As heretofore, the minimum number present must be 100. Each delegate outside of Ohio must obtain a certificate from the ticket

agent and will be required to pay full fare to Put-in-Bay. Do not accept a receipt from the agent (providing you are not a resident of Ohio) but insist on a regular form certificate, which each agent usually possesses. Upon your arrival at Put-in-Bay, hand your certificate to me, with 25 cents, and as soon as 100 have been handed in, your certificate will either be returned to you or will be filed with the ticket agent at Put-in-Bay, and you will then be at liberty to obtain your return ticket at one-third the full fare.

Ohio delegates will be required to pay the validating agent's fee of 25 cents each in order that their receipts will be counted with the rest to make up the required number.

Tickets for the going journey must be purchased within four days of the opening date, viz., June 15, unless distance requires more time in which to reach the place of meeting.

Tickets for the return journey must be purchased within four days of the closing day of the convention: viz., on or before June 25th. Boats leave Toledo for Put-in-Bay daily at 9 A. M. and 10 P. M., and it requires two or three hours to make the trip.

Allow me to call your attention to a few of the attractions of our delightful meeting place. If you have never been there, don't miss it. If you have, urging you to go will not be necessary.

Here will be found Strontia Spa Water from the spring.

May take a constitutional every morning along the beach, through the "beautiful everglades" and end at "sunset rock."

A row or sail on the Bay.

Then the delightful bathing in the lake or natatorium, where may be found for your amusement "water toboggan" and "shoot the shutes."

Then there is the band concert every morning in front of Hotel Victory, and in the afternoon and evening a superb orchestra will discourse sweet music.

Other attractions found here are fine fishing, the government hatcheries, John Brown's Grave, Perry's Monument, historical cannon, Perry's Cave, Strontia Cave, Daussa's Labyrinthic and Circular Cave, where will be seen the underground lake, the stalacrites and stalagmites and other attractions too numerous to mention.

But the greatest attraction of all is the meeting of brother Eclectics, and the most enjoyable of all is to rub shoulders, that annual reunion of the noblest branch of the medical profession. Start this year, brother Eclectic; get the habit, and you can't be kept away from these meetings.

H. H. HELBING, Cor. Sec'y.

St. Louis, Mo.

Ohio State Eclectic Medical Association.

The forty-second annual session of the Ohio State Eclectic Medical Association was held in Columbus, May 1, 2 and 3. This meeting proved one of the most successful in the history of the association, 122 physicians being registered, and 101 present at the evening banquet. President Bishop McMillen, who is somewhat of an invalid and is confined to his bed most of the time, was enabled to be present at two sessions of the meeting, and during the three days he took great pleasure in welcoming his many professional friends, and it was a great treat to have this old wheel-horse with us again.

Quite a number of interesting and instructive papers were read and discussed. The association goes ahead with a membership of 235 and a snug balance in the treasury. The committee of arrangements for the national report excellent progress, and we feel safe in saying that all visitors will receive Buckeye hospitality at the Put-in-Bay meeting, June 19-21.

The following officers were elected to serve for the ensuing year: President, Dr. W. K. Mock, 546 Lorain street, Cleveland; first vice-president, Dr. Charles F. Beaman, 2223 East Third street, Dayton; second vice-president, Dr. J. P. Harbert, Bellefontaine; corresponding secretary, Dr. John J. Sutter, Bluffton; recording secretary, Dr. W. N. Mundy, Forest, Ohio; treasurer, Dr. Ralph B. Taylor, Sixth avenue and North High street, Columbus. The next session will be held at Cleveland in May, 1907.

Sincerely,

J. K. SCUDDER, M.D.

Connecticut Eclectic Medical Association.

The fifty-first annual meeting of the Connecticut Eclectic Medical Association was held yesterday at the Allyn House, Hartford, the president, Dr. George B. Bristol of Middlebury, presiding, and at the morning session, which opened at 10.30 o'clock, giving a brief address on the work of the year. The reports of the various committees took up the time until lunch, the treasurer, Dr. Leroy A. Smith of Higganum, reporting that the finances were in excellent condition. The election of officers was held in the afternoon and resulted as follows:

President, Dr. John A. Donner of Holyoke, Mass.; vice-president, Dr. George B. Bristol, of Middlebury; treasurer, Dr. Leroy A. Smith of Higganum; treasurer, Dr. George A. Faber of Waterbury; censors, Dr. Thomas S. Hodge of Torrington, Dr. George B. Bristol of Middlebury, Dr. E. M. Ripley of Unionville, Dr. Leroy A. Smith of Higganum, and Dr. Leonard Bailey of Middletown.

A paper was read by Dr. Alexander Wilder of Newark, N. J., on "New Lights in the Healing Art," relative to modern uses of osteopathy. Papers were also read by Doctors Hinkley, Munn and Donner. Many of those present also reported cases in practice.

Oklahoma Eclectic Medical Association.

The fifth annual session of the Oklahoma Eclectic Medical Association of Oklahoma and Indian Territory was held on Wednesday and Thursday, May 9 and 10, in the parlors of the Hotel Lee, Oklahoma City, Okla., commencing at 10 A. M. May 9. Officers: President, Dr. W. T. Ray, Kelly, Okla.; vice-president, Dr. T. L. Noblitt, Weatherford, Okla.; secretaries, Dr. E. G. Sharp, Guthrie, Okla., and Dr. J. F. Son, Ardmore, I. T.; treasurer, Dr. B. K. Wood, Anadarko, Okla.

Tennessee State Eclectic Medical Society.

The twenty-seventh annual meeting of the Tennessee State Eclectic Medical Society will be held in Nashville, Tenn., May 29 and 30, 1906. Officers, 1905-1906: President, J. W. Pruitt, M.D., Only, Tenn.; first vice-president, M. M. Harvill, M.D., Nashville, Tenn.; second vice-president, G. W. McKinney, M.D., Milan, Tenn.; corresponding secretary, A. L. Daniel, M.D., Lobelville, Tenn.; recording secretary, B. L. Simmons, M.D., Granville, Tenn.; treasurer, George M. Hite, M.D., Nashville, Tenn.

Eclectic Medical Society City and County of New York.

The Eclectic Medical Society of the City and County of New York held its regular meeting on April 19, at 9.30 P.M., in the parlors of the college. A motion was made by Dr. Boskowitz to suspend the usual order of business and allow Mr. Ovington to proceed with his lecture on "High Frequency Currents" and exhibition of new electric machine.—Carried.

Mr. Ovington's lecture was very interesting, and was interspersed with demonstrations of the machine. The president declared a recess so that the machine could be inspected and questions asked. On motion a vote of thanks was given to Mr. Ovington for his lecture.

Dr. Boskowitz reported the hearing of the medical bill before the legislative committee at Albany, and stated that the bill was in the hands of the committee and probably would not be reported by them. Dr. Boskowitz read letters from members of our State society who had been exceedingly active in appealing to their representatives to use their influence in defeating the bill. Dr. King,

secretary of the state society, was present and reported that circular letters had been sent out to all members of the society in reference to this bill, and that much good work was being done.

Dr. Boskowitz reported the death of Professor R. C. Wintermute of the Eclectic Medical Institute of Cincinnati, Ohio. A resolution was made and carried that a letter of condolence be sent to the Eclectic Medical Institute and to the late professor's family. On motion the meeting adjourned.

CHARLES LLOYD, *Secretary*.

Book Reviews

Announcement of the twelfth annual meeting of the New England Eclectic Medical Association, at Portland, Me., May 23 and 24, 1906.

This announcement is edited by Dr. Frederick Wallace Abbott. It contains fifty-two pages, is netly gotten up, and can be obtained by addressing Dr. Sylvina Abbott, recording secretary.

Souvenir of the forty-sixth annual meeting of the Massachusetts Eclectic Medical Society, Boston, Massachusetts, June 7 and 8, 1906.

This contains the announcement of the meeting, order of exercises, etc., with a number of fine pictures of historical scenes round and about Concord, in memory of old Revolutionary times. Send to Dr. Pitts Edwin Howes, secretary, and obtain a copy.

"A Manual of the Eclectic Treatment of Disease," designed for the many students and practitioners who are now diligently searching for knowledge of the most direct action of drugs, as applied to specific conditions of disease, by Finley Ellingwood, M. D., professor of *Materia Medica* and Therapeutics and *pro tempore* Professor of the Practice of Medicine in Bennett Medical College, Chicago; late Professor of Chemistry in Bennett College; secretary of the National Eclectic Medical Association; author of "A Synopsis of Medical Chemistry," "Manual of Urinalysis," "Materia Medica, Therapeutics and Pharmacognosy;" editor of the Eclectic Medical Annual, 1889-1891; editor Chicago Medical Times. In two volumes. Volume I. Published by the Chicago Medical Times Publishing Co., 100 State street, Chicago. 1906.

Ever since Ellingwood's *Materia Medica* and Therapeutics reached the profession, calls have been made for a book of Eclectic

treatment. It seemed an absolute necessity, and Professor Ellingwood was finally induced to undertake the work, which he now presents to us in two volumes of over a thousand pages. Volume I. is now before us, a fine book, printed on first-class art paper and containing nearly five hundred pages. In the preface, the doctor clearly states the difference between this book and a complete work on practice. He says: "This will be found to differ from a complete work on practice only in the fact that I have left the exhaustive consideration of the history, etiology and pathology of disease to other writers." Most of us will be very thankful for the difference. The symptomology, diagnosis, prognosis are very complete, and the treatment exhaustive. We believe it is just the book to suit the practitioner. So many works are now upon our shelves, exhaustive on the subject of etiology, pathology, etc., but when it comes to treatment a few lines suffice, but Professor Ellingwood in this volume has reversed this and given us a more thorough practical direct specific treatment. Students and practitioners should not fail to send for a copy.

Items

"It was great;" "The finest ever." Such were the remarks as the guests left the Beachonian banquet.

The Censors held their own in the argument with the class.

Found.—A pair of spectacles, in the dining room of the Hotel Astor, after the dinner of the Beachonian Society, the evening of May 9. The owner may obtain them by applying at the College office, 239 East 14th Street.

One hundred and fifty-eight dined with the Beachonians and thoroughly enjoyed it.

A trio that's hard to beat—Gunning—Tyrrell—Sibley.

A. F. Stevens, M. D., announces his removal to Suite 18, Ohio Building, St. Louis, Mo.

Married: Doctor P. Rogers George to Bessie Stead, Wednesday, April 25, at Paterson, New Jersey.

Dr. Henrietta S. Tienken has opened offices at 343 East 17th street, New York. The doctor, besides enjoying a lucrative practice, is one of the board of health inspectors.

Dr. M. M. Thaler has opened offices at 10 Attorney Street.

The April meeting of the New York Specific Medication Club was devoted entirely to discussion upon legislative matters.

Dr. O. C. Welbourn announces that he has opened a luxurious hospital corner of Tenth and Olive Streets, Los Angeles, California.

We were much pleased to see Doctor Robert Kunitzer, of the Sydenham Hospital, Doctor A. M. Lesser, of the Red Cross Hospital, and Mr. Jackson, of the Metropolitan Hospital, with us on May 9 and to receive their assurances of College co-operation.

Peter looked very happy with "wifey" by his side.

Everyone regretted that Prof. Thompson was detained by illness from Alumni and Commencement.

It has been suggested that "weary Willie" saved a couple of dollars by his absence from the gathering May 9.

It is always a great pleasure to receive the delegation from Mass. with Howes, Forbush, Allen and Abbott. We feel that Mass. sent us a most genial quartette.

Russell, Burke and Ritter covered themselves with glory and made the veterans feel that the cause would be safe in their hands.

If you desire the supplement containing the report of the Commencement and Beachonian Banquet, send name and address to Mrs. Trigg, 239 East 14th Street, and it will be sent to you when published.

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

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No. 6.

The College.

The College year just ended has been a most successful one, and with a continued effort on the part of the alumni and the Eclectic practitioners generally the coming session will surpass it. The Eclectic colleges throughout the country report exceptional classes. These colleges teach not only the etiology and pathology of disease but follow this with a system of rational therapeutics; this we believe is the reason for their great success.

Infant Feeding.

The fact that the ratio of mothers who cannot (or will not) nurse their children is rapidly increasing has added much to the importance of the problem of infant feeding, and caused it to become one of the greatest moment.

As an evidence of the urgency of a speedy solution of the infant feeding problem, it may be well to call attention to the fact that the records of this city show that fifty per cent. of the total number of deaths occur between the first and fifth years, and that twenty-six per cent. of all the deaths take place among children who are less than one year of age. A number of factors, of course, contribute to this alarming mortality, prominent among which is improper feeding, and it is responsible for the destruction of the greater number of these young lives.

An eminent authority on the feeding of infants remarks, and with much truth, that "Any substitute for human milk that is put into an infant's stomach acts as foreign body," but the fact remains that infants must be nourished, and when circumstances prevent their receiving their natural food a substitute must be provided, and it goes without saying that the substitute which most nearly approaches human milk must be the most conducive to health. Several of the artificial foods on the market are good, and are often used with satisfactory results, but some of them contain such a high percentage of starch that, owing to the feebleness of starch digestion during the first three

months of life, they are practically undigested in the infant's stomach. Another class of foods, made by condensing milk, are so rich in sugars that it is difficult for infants to digest them, and especially so when suffering from diseases arising from impaired nutrition. Children fed on this class of foods usually have pendulous abdomens, doughy feel to the skin, an excess of fat, and exceedingly low resistive power. It is this class of infants which largely makes up the high mortality list.

Cows' milk, when properly modified, is perhaps the best substitute for human milk. Simply diluting it, however, will not make it similar to breast milk. Cow's milk is normally acid, and it is deficient in several elements necessary to the proper nutrition of the human infant. The chart of Dr. Ladd, of Philadelphia, gives full directions for the dilution and modification of cow's milk in a manner which makes it a very good substitute for human milk.

The stools of a child may be taken as a partial guide to its proper nourishment. Dry hard stools show that it is receiving too little fat, and curds in the stools show an excess of proteids. Tenacious curds can be broken up by the use of gruels made of barley, rice or oatmeal. When vomiting occurs one or two hours after nursing it indicates that too much food is being taken. Sterilized milk should not be used when pure milk can be obtained, except in diseases of the gastro-intestinal tract. It is less easily digested, and its constituents are more or less changed by sterilizing.

J. W. F.

It is with great sorrow that we announce the death of two of our prominent and active practitioners, Doctors George A. Allen, of Hancock, and Robert Liston, of Albany.

George A. Allen, M. D., who died May 9, was born in the town of Hancock, September 22, 1854, and was the eldest son of Mr. and Mrs. Myron W. Allen, of this village. He studied medicine in the Eclectic Medical College, New York city, graduating from that institution in February, 1878. For a time he practiced in Mileses, Sullivan County, and vicinity, locating in Hancock in the fall of 1884. June 25, 1883, he was united in marriage with Eva Beers-Jackson, who with two children, Marian and Earl, survive; also two brothers, Adelbert and Theron, of Buffalo.

Dr. Allen was a man of sterling qualities. Of a modest, retiring disposition, his kindly ways gave a tone of gentleness to his manner that drew to him the esteem and respect of all. He had long been a sufferer from an internal disorder that is rarely successfully coped with, but he bore the pain with Spartan spirit and heroic courage. Well he knew that there was but a bare possibility for recovery when he decided to submit to the operation, but he

hazarded that chance—and lost. However, there is a world of consolation in the thought and knowledge that he was “prepared to go” when his Maker so willed.

He was a faithful member and trustee of the Hancock Baptist church, a member of the Board of Education of the High School, and of Hancock Lodge F. & A. M. His early death is not only an irreparable loss to his wife and children, but is a loss that will be felt by the whole community in which he lived and practiced his profession.

Robert Liston, M.D., who died on June 1, was born near Edinburgh, Scotland, in 1833, but came to this country in early childhood. His ancestors on both sides were distinguished as army officers, teachers, surgeons and writers.

Dr. Liston's life was a busy one,—scholar, teacher, writer. At one time a student of chemistry with Prof. Paul Cadbourne (afterwards president of Williams College); then student assistant to the chair of chemistry in the Berkshire Medical Institute; a graduate of medicine and surgery in the Eclectic Medical College in New York; surgeon on ocean steamer to the Bermudas, West Indies, Azores, Spain and England; then, about 50 years ago, after attending special courses of lectures in Boston, he settled permanently in Albany as a specialist for diseases of the eye, ear, nose and throat. He established the Albany Eye and Ear Infirmary, and for 45 years conducted it with constantly increasing success. He had been elected a member of the County, District and State Eclectic Medical Societies, and had, for many years been chairman of the Eclectic State legislative committee.

Dr. Liston is survived by his wife and two sons and a daughter. The sons are John G. Liston, of this city, and Robert Liston, of Newark, N. J.; while the daughter is Mrs. Howard J. Cole, of East Lawrence, N. J.

Original Articles

Man the Creature of Suggestion.

BY J. THORNTON SIBLEY, A.M., M.D.

Read at the annual meeting of the Eclectic Medical Society of the State of New York.

Man has been called the reasoning animal. He might with equal truth be called the creature of suggestion, for we are prompted more frequently to action through suggestion than through any reasoning process, and our physical and mental abnormalities are very often, especially in their incipiency, only the results of that subtle but ever active power. Furthermore, the great variety of

nervous and functional disturbances that seem to be concomitant with our higher civilization, are often speedily and permanently cured through the same means. As the high degree of civilization reached by the French people just before the revolution called for an Anton Mesmer, who, with wonderful psychic powers, supplemented the effect of drugs in the treatment of the many nervous and functional diseases then so prevalent, so our modern civilization, especially as it is found in our large cities, has wrought, under the law of supply and demand, a revival of suggestive therapeutics for the treatment of the many ills which such civilization has engendered.

The theory of John Bovee Dods, announced more than seventy-five years ago, that all diseases are of nervous origin, and that there is no such thing as a blood disease, while too broad to be accepted, nevertheless contains much that, in the light of recent discoveries, is entitled to consideration at the hands of the pathologist of to-day. If such theory were true, then the use of drugs in practice would be very limited, for suggestion is the specific in nervous troubles, and this is the age of specific medication and specialists. So often is disease found to be of nervous origin that the successful practitioner of to-day is no more physician than psychologist; and while he may continue to use drugs plentifully, the results he obtains are very frequently due more to their suggestive effect than to any chemical or physiological reaction.

The spirit of the medicine given, says Paracelsus, is frequently not so effective as the spirit in which it is given, and this thought is often brought to mind in the discoveries of physicians of the merits of some particular drug. The most surprising thing to a layman attending a meeting of physicians, is the difference of opinion expressed concerning the effects of the simplest remedies, applied in the simplest cases. The different results obtained by physicians with the same drugs in similar cases must be explained on a psychological basis, rather than on a basis of physiology. These differences are often due more to the manner in which the remedies are administered than to any other cause. The very confidence that a physician exhibits in the power of a certain drug and the positive manner in which he asserts what its effect will be, are the influences that not infrequently operate for a beneficial change. Sometimes a bread pill or a little pink water will work quicker and with more lasting results than the most powerful chemicals or drugs; and the joke about the use of such things is no joke at all, for these and similar remedies are potent and legitimate weapons in the hands of the physician in battling with disease. The successful trained nurse is more psychologist than nurse; for the many suggestions presented to her patient by will, gesture, look or otherwise during the waking moments of an apprehensive patient, are powerful factors for good.

or evil, and it not infrequently happens that the condition in which a physician finds his patient on his return to the sick chamber is due more to the subtle influence of suggestion, usually unconsciously given, than to any direct effect of the medicine that he has prescribed.

As the long list of nervous and functional diseases of the human system are readily relieved by suggestion, so these same ailments may be induced by the same means; and as a matter of fact, the majority of such diseases are usually contracted and intensified in that way. I have met with many cases of heart disease of years standing that were simply the result of powerful suggestion frequently given. I recently treated a case of four years' standing with excellent results. The patient, a young woman about twenty-five years of age, had suffered some great mental shock, unrequited love, I think, and at the time of the shock fainted. Some relative whom she resembled very much in face, figure and idiosyncrasy, had died of heart trouble a few years before, and the relatives and friends present at the time of the shock immediately suggested to her that her heart was affected. This suggestion was frequently repeated, and in a short time she exhibited many of the symptoms of heart disease, and the fainting spells became almost of daily occurrence. This condition was becoming more and more aggravated when I took her under treatment. She responded readily to suggestion, both as to the induction of the passive state and in an immediate and most decided improvement. She has never had a fainting spell since the first treatment, and the other symptoms of heart disease have all disappeared entirely. The fact that this case was cured by suggestion is conclusive evidence that no organic disease of the heart existed, for organic disease of the heart, or of any other organ, cannot be cured by this means, and it matters not how the suggestion is given. All systems of psycho-therapeutics, no matter by what name called, whether suggestion, hypnotism, mesmerism, christian science, pathetism, mind cure or faith cure, have a special field of operation, and while that field is very extensive it does not include the range of organic diseases; and the extravagant claims made in this direction by some practitioners of psycho-therapeutics have done much to bring the whole subject into disrepute and to plant in the minds of many thinking people an incredulity that treats with utter contempt and scorn all claims made for this really scientific and practical system of medication. I might cite many more cases of a similar nature to show that disease is often the result of suggestion, either auto or hetero, but the one given will suffice to illustrate the point under consideration.

The value of music as a therapeutic agent, and its value in this direction cannot be denied, is due largely to its suggestive influence. All suggestion not given directly to the objective mind,

and in this case it must not conflict with reason or the evidence of the physical senses, is effective through the subjective senses, and inasmuch as the subjective mind is the seat of the emotions it will be readily seen that whatever arouses the emotions will induce a subjective condition. Music is the most powerful of all agents in arousing the emotions, hence its value as a therapeutic agent. Some claim that many persons are not emotional at all, but there is an emotional side to the nature of every human being, and while it may in many cases be smothered or submerged by the trials and vexations that the battle of life brings to so many, yet under proper stimulus this side of their nature may be brought to the surface, and through it suggestion, whether through music or through other channels, may take deep root. A man can be driven to the front rank of battle through inspiring music sooner than by the command of an officer, and a beautiful anthem will excite his devotions and arouse his spiritual nature more readily than the most learned or logical discourse, even when presented by the most gifted orator. Psycho-theraputists in all ages have recognized the value of music in their work, because suggestion is the basis of all such work, and as a vehicle for suggestion, music must be classed among the most important mediums. Under the influence of music a thought that would not be accepted at all, or only after prolonged argument, can be driven home in a few minutes. This fact is recognized by ministers of the gospel, especially the evangelists, whose wonderful success in inducing conversion is due more to the influence of music arousing the emotions and thereby rendering the hearers readily susceptible to the influence of suggestion than to any argument presented. Imagine the result should the great churches of the city dispense entirely with music in their services. It would be disastrous. Many a sermon that has passed as an effort of great merit would not have been considered even mediocre had it not been for the beautiful and entrancing music that engendered a subjective state, in which suggestion was readily accepted.

Insanity is often the direct result of suggestion, and I believe that a majority of cases labeled hereditary insanity are cases of suggested insanity. It would be difficult to find a case of hereditary insanity that is not purely functional, no brain lesion existing. These cases are often those where frequent references are made by relatives and friends to the fact that there have been cases of insanity in the family, and there is a strong resemblance in features and habits between a certain member of the family and those who were insane. If this member of the family be of a particularly susceptible nature, his objective faculties being often in partial abeyance, and this is a natural state with many, these suggestions are almost sure to work great harm. The percentage of cases of hereditary insanity among artists and musicians and

others of a decidedly subjective nature, to which their excellence as artists and musicians is almost wholly due, is greater than it is among other classes of people. Some have thought that this is due to the character of work they undergo, but as a matter of fact such work is often a preventive, for the happiness and healthful relaxation that artists and musicians get from their subjective or entranced condition is bliss that the average mortal living solely on the material or objective plane never experiences. Artists and musicians ought to be the healthiest of people, and as a matter of fact, they usually are.

Some patients fail to respond to treatment simply on account of depressing suggestions offered by thoughtless friends and relatives. All the good work of the physician and nurse is frequently overcome by such suggestions. I have a patient now who has been a neurasthenic for years, but who responded promptly to suggestive treatment. After a decided improvement for a month I found her one day almost as bad as ever. After a considerable time and hard work, she again showed decided improvement, only to go back again a few weeks afterwards. This alternating of good and bad condition continued, much to my surprise and discomfiture, and I was at a loss to account for the changes, and the puzzle grew more and more perplexing. On one occasion when I found her worse I found her attended by an aunt, who was by no means prepossessing, and every feature of her face told of a melancholy and despondent disposition. As soon as I began questioning my patient, the aunt began offering suggestions of a most doleful and apprehensive nature, and her tale of woe and lingering sigh had a very bad affect on the patient. Here was a solution to the problem. On inquiry, I learned that the time when there had been a relapse corresponded exactly to the visits of the aunt. These visits were stopped, and my patient's improvement has been decided and uninterrupted. The effect of suggestion is just as potent in other directions as in therapeutics: just as apparent in ordinary business affairs as in affairs of health: and we often give credit to our judgment or other mental faculty when a venture has been successful, when we have only yielded to the influence of some suggestion. The most important business enterprises are frequently prompted solely by suggestion, and our places of abode are often chosen through the same influence. Even our religion is largely a matter of suggestion. How many ever studied the various creeds and systems of religion and compared them carefully, with the view of adopting one? How many ever investigated the history and origin of the various beliefs with the view of adhering to that one that conformed most closely to reason and common sense? Some have adopted a certain faith because their parents did, some because they were driven in by some great revival, some because they liked the minister, some because they liked the service, and

others because of other suggestive influences, and practically none because of any particular reasoning process.

The significance of suggestion in all the affairs of life leads to the conclusion that our subjective faculties are more alert than we are wont to believe, and that the objective are correspondingly in abeyance. There are times in the daily life of every normal individual when he is quiescent and receptive; when nature demands a complete relaxation from the muscular and mental strain that our strenuous lives engender, and during these periods of passivity suggestion plays its subtle role. Our best thoughts frequently come to us after much relaxation, and problems that sometimes seem as vexatious riddles when we view them entirely from the objective side of our nature, become easy of solution after a period of receptive quietude, when suggestion from some source comes to our aid. Verily, man is the creature of suggestion.

Brooklyn, N. Y.

"Habits."

BY M. GRANT M'GINNIS, M.D.

Read at the annual meeting of the Eclectic Medical Society of the State of New York.

Habitude—a diathesis—or a power of doing something acquired by frequent repetition—of the same action. Also an organic disposition which results from this repetition and enables or prepares the animal economy to support or resist the influence of climate, or of poisons, etc. Therefore, we find among the "habits" we are called upon to treat most frequently—those of opium smoking; cigarette smoking; morphinism; alcoholism; cocainism and "habitués" of hyosicine hydrobromate, bromedia, Peruna, Vin Mariani. Pabst Malt Extract, tea and coffee.

With the wonderfully prepared Eclectic drugs and our specific indication for same, as also the dependable action of them, when used according to said indications, it is surprising that we have not been more analytical in the application of our medicines in their antagonistic relation to the "drug addiction" in its various forms.

Morphine is oftener indulged in, and this too many times on account of carelessness of the family physician in quickly removing pain with the hypo. without the first idea being turned to the cause of condition, or the effect of morphine upon the condition, even when it is the worst remedy to be used (as for example,—in a severe attack of acute indigestion when hot water alone might relieve, if taken in large quantities), this treacherous drug is introduced and while it removes the pain instantly it has clinched the irritation which nature was already opposing, while if xanthoxylum were given or capsicum or many times the use of lobelia in hot water seems to relax the intestinal constrictions, quicker results are obtained by giving a few drops of these specific tinctures in cupfuls of hot water,

saying nothing of the benefit derived by introducing two or three quarts of hot water into the colon in which one ounce of salts, six ounces of sweet oil and one drachm of turpentine have been dissolved and diluted; this will in a few hours restore to normal conditions. To be sure this is all a lot of work, but it removes the cause and cures the condition and the patient is quite well in twenty-four to forty-eight hours. While in the case of the morphine being introduced the patient has a good sleep, the doctor goes home and sleeps or goes about other business, and has this new case on his hands for two weeks to correct his own mistake, and assist nature in recovering from what she already suffered before he was called in. But his fame will spread, as a patient will tell to sympathizing friends "the doctor wasn't in the house fifteen minutes before the pain was quite or nearly all gone," and, in time, recurring attacks will be treated by the patient herself with the little white pills that she obtains from the doctor, and finally gets from the drug store by describing to the clerk what they looked like and how quickly they relieved pain and how she really doesn't know what she would do without them. And thus a deplorable morphine habitue is thrown into bondage, not realizing anything about it until she tries to get along without the medicine and finds it impossible—the habit of this dreadful drug is established.

The morphine habitue ever realizing the bondage in which she or he is existing, is like one searching his way through a maze clutching every ray of seeming light and wondering if it is ever possible to conquer the drug. If one for any reason goes an hour over the time for the dose of the drug he is liable to have all thoughts turned to misery and despair and suffers acute pain, waves of heat and cold, and he will shiver and totter and then likely double the dose if it can be obtained. It is at this stage that the habitue will steal morphine or steal something which can be sold to bring the price to buy it, for this drug inspires one with devilish shrewdness and cunning. When it is possible to obtain a prescription for morphine it is sacredly kept and copied in order to procure it at a drug store where he might not be known. However, it is to be regretted that there are so few places where it may not be had for the price alone.

The pernicious drug obtained and eagerly self-administered, the victim is soon landed in the seventh heaven of delicious bliss and will very often encourage some other person who is quite ignorant of this form of bondage, to begin taking the drug; just a safe dose to get the sensation, as no words can describe it. When the forehead moistens and the sublime exultation steals over the faculties, one then thinks he is a gifted genius. From this stage he progresses until he has reached the hideous hallucinations too horrible to describe, and up to the present time such subjects have been committed to insane asylums, when all of the old forms of treatment have failed to effect a cure.

But with the special treatments obtainable at present, men of talent who have been placed in retreats as incurable and who have been addicted to more than one drug for eight or ten years, to my personal knowledge, have been cured and some whom I have seen cured have returned to their former positions and intellectual and physical work. One in particular whom I refer to has been replaced on a faculty in a college which has a high standing in a near by country.

Alcohol "habitués" get in line, or out of line, for any excuse. The social side of this habit is the hardest with which the habitué has to combat, when trying to cure himself with home-made resolutions, but as this poison affects the memory and in fact every organ as well as the brain; the stomach is impaired; the patient has many deplorable symptoms and when he is very nervous instead of placing himself in the hands of a physician, he continues to try other drinks until he has had everything and is taking Jamaica ginger, Hostetter's bitters, until the stomach is so destroyed that a proper amount of food is not tolerated and perhaps he has paresis, neuritis, all forms of liver and kidney diseases, and many times affections of the heart. The habitual drinker or the periodical drinker comes out at the same terminal no matter what line they follow. This habit, too, leads to a stage of hallucination generally termed "D-T." I know of no case or kind of case which the family, friends and many times the family physicians are so glad to get rid of, as one in this class. They are very troublesome for a few hours but when they have been given these specific tinctures according to indications, from six to twelve hours, and careful diet and treatment for two days, they are quite normal and I have seen them at the end of four days eat a beefsteak and crave any kind of vegetables that were to be had, and in a week be ready for business.

The tobacco habit is also a social habit but being more domestic is not so pernicious except when the weed is put into a paper wrapper and called a "cigarette."

It really does not seem necessary that any excesses should be indulged in this, but men of high nervous tension seem to find it necessary to smoke constantly if they have a transaction to complete requiring great concentration of brain energy; it is in this particular tendency that so many take on habits. There seems a desire to lean on something; when success has been attained, instead of relaxing, or letting the cigars rest a bit, and meantime the nervous system, this great man thinks it is time to reward himself—so opens another box and in sublime satisfaction smokes on and on, not realizing the effect or effects on heart and nervous conditions which will surely come to him in time.

Then we have the inveterate smoker who is trying to smoke away his bad luck. However, the most pernicious form of tobacco in use is that of the cigarette and that so, because of the number

of little children smoking them, many of them under five years of age. It can not be disputed that many otherwise bright boys have had physique and intellect practically destroyed. Probably the cigarette habit is the most widespread in its unfavorable effect, affecting a larger number of people, and at an age when they are most susceptible and renders them almost entirely helpless. Though it would seem in looking at some of the cigarette habitues that not much had been spoiled, while in many of the other habits we find persons who sometimes are in command of the most brilliant talents, the nerve equilibrium being imperfect the person easily yields or leans upon whatever comes to him first. Such persons really are suffering from nervous deformity; some are clever and it seems after the execution of whatever work in which they excel there comes a complete relaxation, carelessness and a desire to delve into something, and it matters not whether it be "smoking," "doping," or "soaking."

It is believed by many that but for the wholesale cigarette smoking among children, workhouses, prisons and even our penitentiaries would not be so well filled, and even those who do not reach such advanced stages of degeneracy, are not reaching the highest development of physical or mental conditions. While the cigarette habit is as easily cured as are others, it seems a fact that the nervous and general system is not in as good condition after their prolonged use as are the morphine habitues, for they really seem, after the morphine has been removed, as though they had been put up in some preserving material and when they are taken out and stood up in their right minds all physical and mental conditions seem just the same as a person when the habit was first indulged in, while those I have seen cured of the cigarette habit would not seem to be in as perfect a condition.

The cocaine habit is usually contracted by persons ignorant of drug values using the popular nostrums on the market, advertised to cure catarrh. As almost all of these preparations have a large proportion of cocaine, the brain and nervous system are more quickly affected by this habit than any of the others. The stage of hallucination and a symptom of procrastination, and the "buggie" condition is not so much of a slang phrase as it would appear to be. I have in mind one patient, who used to remain up all night insisting upon having the maids help her exterminate very small bugs which she thought were in her furniture and clothing, so had all of them sent to cold storage to be preserved. And an unprincipled swindle it was on the part of the storage proprietors.

The many other habits can be cured and the treatment must be specific medicines, among which you will find the following named specifics of value (to lay out a hard and fast treatment for all cases

would be impossible) : Cactus, convalaria, nux vom., thuja, podophyllum, passiflora in large doses, avena sativa, gelsemium, Jamaica dogwood.

New York City.

The X-Rays of the Future.

BY WM. L. HEEVE, M.D.

Read at the annual meeting of the Eclectic Medical Society of the State of New York, Albany, N. Y., March 7-8, 1906.

Who shall penetrate beneath the surface and reveal the secret workings of nature? Who shall pierce the clouds of ignorance and command the light of knowledge to come forth?

The pathetic cries for further light on the mysteries of the X-ray are re-echoed from the entire scientific world. However consoling it may be to regard the trend of scientific thought as ever in the right direction, all new theories are advanced and hailed at its birth with cheers of success, each in time reaches full maturity and completing its cycle, decays. We hopefully look to the future and put all sad memories of the past experience and failures by.

When recalling the early days of radio-therapy, with its crude application, we are surprised to learn that little harm resulted from the careless exposures in the hands of non-professional operators.

Even to-day some of the largest hospitals in New York have their orderlies or mechanics attend to the X-ray work. Two large hospitals of Brooklyn have their X-ray work performed by Sisters of Charity. Do we wonder why the surgeons connected with these institutions place so little confidence in X-ray therapy? The opinion of most surgeons as to radio-therapy is still in doubt, and some condemn all forms of actinic therapy. Surgeons as a rule are therapeutic nihilists, and little sympathy can we expect from such men, and little do we receive. With all this antagonism the X-ray has made a steady progress. The benefits accruing therefrom have been of material aid to suffering humanity.

To-day we stand at the dawn when its mysteries are being solved, its dangers controlled and its victories depicted upon the horizon of the wonder world. It was but yesterday that some placed it in the category of fads, to-day we look upon it as our greatest aid in our chosen profession. The position held by the X-ray as a therapeutic agent is recognized as our leading electric modality in combating nature's ills.

Malignant growths have responded to its actions, but experience has taught us that the X-rays are less satisfactory in this condition than anticipated. Carcinoma and sarcoma are best treated by other means, with the X-ray used as an adjunct only.

In epithelioma its action is little short of marvelous. In large

epithelioma, under X-ray treatment, when the edges become raised, hard and deformed, and the surrounding tissues become infiltrated, the result of the treatment is generally unsuccessful and they should be submitted to other measures—surgical or, most preferably, Massey cataphoric treatment.

It is the writer's opinion that the fluoresin treatment, as devised by Morton, is of little value and it is doubtful if fluorescence actually takes place in the tissues.

Lupus responds to the X-ray, and its action in this disease is ideal. In diseases of the skin the X-rays stand forth as our most valuable adjunct, and in many chronic cases its action is little short of marvelous.

We do not believe that it is beneficial in the acute diseases of the skin, neither in those cases that will respond to medicinal agents, but only in those cases that have run the paths of drug medication, dietary, etc.

When the skin is exposed to the X-ray a pathological process is set up in the cells of the skin; after a period of latency pathological phenomena appear, due to the toxic products of destruction, and the extent of these secondary phenomena is dependent upon the quantity of rays absorbed. This degenerative process takes place in every cell of the area irradiated, and must end in either resolution or death of the cell; in death, the cells of the outer or horny layer of the skin are thrown off, while in the deeper layers they are absorbed. The X-ray has a selective action for certain kinds of cells, as is manifested by the rapid degenerative action which takes place in cells of rapid growth, as for example, in new patches of psoriasis or an acute attack of acne, while its influence is much less pronounced upon connective tissue and blood vessels.

In treating skin diseases we must take into consideration the proper dosage of the selective ray, the period of latency and the amount of reaction. The greater the dosage the shorter is the duration of latency and the more intense the reaction.

The effect of X-ray applications to a pruriginous surface gives an indisputable demonstration of its power to relieve pruritus, especially if it is due to neurodermatosis. Its power was well exemplified in a case under my care where the pruritus extended over the entire genital tract—from clitoris to anus. Patient gave a history of having been under treatment by skin specialists of New York during the last three years without permanent relief. After radio-therapeutic treatment of three months' duration, she obtained an apparent cure. It is now two years since the discharge of this patient, and she remains free from all signs of her former illness.

In almost all cases suffering from disease of the skin exhibiting pruritus as the most troublesome symptom, radio-therapy has produced a noticeable improvement. As a rule the pruritus will

diminish about the end of the tenth day, and will totally disappear from the twentieth to the twenty-fifth day. Relapses are frequent, therefore the necessity of carefully following up the treatment with shorter exposures at longer intervals; then a relapse will seldom occur.

It is remarkable to observe the improvement, especially in those chronic cases of pruritus, and which have resisted all forms of medicinal treatment. In many cases where the itching about the anus has been so intense that the patient has scratched the parts with finger nails, hard brushes and rough towels to such a degree as to produce ulceration, the X-ray has effected most satisfying relief.

Eczema has responded well, and in four cases under my care where the itching was most intense and resisted all medication, the beneficial effect was immediate and cures were finally established. Many cases have come under my observation and the results with this mode of treatment have been very encouraging.

Acne vulgaris, lichen planus and rosacea have also responded to the curative action of the X-ray in my practice. Ringworm of the scalp has been rather obstinate in responding to X-ray therapy in the cases under my care. Here we must use a powerful dosage to enable us to destroy the very root in the hair follicle, and when this can be accomplished success is within reach. A most excellent adjunct is the following combination:

R. Iodine	2.50
Lanoline pure.....	12.50
Liq. petrolatum.....	15.00
M. Sig. Rub in thoroughly twice daily.	

This is to be used only after the hair has disappeared.

In favus the results are better. Localized patches of psoriasis have responded, but this disease is subject to relapse and I dare not claim a positive cure, no matter how long the skin remains free from scales.

The dangers resulting from the careless application of the X-ray are many.

Dermatitis of the patient or the operator is always an obstinate disease to combat and means to prevent it must always be taken with each treatment.

The Piffard tube, consisting of lead glass having a circular window of soda glass, is well adapted for therapeutic purposes where a low tube is used. As a further protection, the tubes and shields used by the writer have an extra coating of bismuth and shellac.

In the treatment of X-ray dermatitis the writer has found that the method of treating chronic ulceration, as devised by Dr. G. W. Boskowitz—the continuous stream of hot water, as hot as can be

borne by the patient, for a period of twenty to thirty minutes twice daily—is best.

Of cardinal importance in radio-therapy is measurement of the quality and quantity of the rays applied, and this is the stumbling block which causes so much confusion in the hands of different workers in this most interesting field of research. Benoist has tried to solve the problem by inventing his radiometer, which consists of a central plate of silver of a stated thickness, surrounded by twelve plates of aluminum, and measuring the quality of the ray by comparing the illumination of the central plate with that of the surrounding plates. This plan, however, has many drawbacks. While we are still at sea as regards the measurement of the ray, then, we must ascertain the output of our individual machines and the penetration of our tubes by our individual methods.

As to the measurement of quantity, Holzkecht's pastilles have been employed. They are composed of radioactive alkaline salts and resin, which change in color while exposed to the X-ray; comparing this discoloration with a standard scale of colors, we get a fair guess of the quantity. These pastilles are a secret preparation and therefore costly, which places them beyond reach for general use. Sabouroud has adopted a paper covered with an emulsion of platino-cyanide of barium, which is still in the experimental stage.

Labouraud and Noire's radiometer gets out of order quickly when exposed to light, and is less sensitive than Holzkecht's tablets. Kienbock's method based on the decomposition of silver salts by X-rays requires delicate manipulations. Freund's method is the best and is still open to improvement. It is based on the influence of X-rays on the coloration of a 2% iodoform solution in chloroform. Free iodine is produced and the intensity of action of the X-rays is appreciated by comparison with solutions of iodine of different known percentages. Or, if a greater precision is desired, the quantity of freed iodine may be chemically estimated. Unfortunately such an estimation is delicate, and iodoform solution is very unstable, and is decomposed readily by light. Hurmuzescu's electroscope may be used to measure the quantity of X-rays sent out by a tube.

Recently Courtade and Guilleminot have proposed a new radiometer based on the fluorescence induced by X-rays in barium platino-cyanide. The luminosity produced by a sample of radium on a screen is chosen as standard. Such a luminosity is identical in nature with that induced by the X-rays and is invariable. If, in a lead plate covered with a platino-cyanide screen, two equal holes are made, and if behind one a few centigrams of a radium salt are placed, a standard luminosity is obtained with which we can compare the luminosity given by X-rays. When both luminosities are equal, a term of comparison is given by the relative distances of the radium and the tube to the screen, or we may place the X-ray

tube at the same invariable distance and modify the luminosity on the screen by the interposition of more or less thick silver plates.

Gaiffe had proposed to measure indirectly the X-rays emitted by a tube by measuring the quantity of electricity received by said tube. By his method, the hardness of a tube may also be known; but it may only be used with his transformer. But the measurement of the rays emitted by the tube does not give the quantity of rays absorbed by the skin as well as Holzknecht's or other methods of direct measurement. On the whole, Freund's technique improved by the choice of a more stable solution promises to prove worthy of our attention.

The newest development in measuring apparatus is the selenium photometer of Ruhmer Levy. A selenium cell is clamped in position at a fixed distance from the anticathode. A current from two dry cells is passed through the selenium, and its intensity is read off on a milliamperemeter. The X-rays alter the resistance of the selenium, and the variation of the current is therefore a measure of the quantity of the rays.

These methods are anything but perfect, but the writer must confess he has nothing better to offer.

Some writers claim that by using metallic filters—silver and aluminum—we can filter out the soft rays and prevent burning, when wishing to use rays of deep penetration, but the writer's experience has proven the assertion a fallacy. The method of Pfahler, using moistened sole leather as a filter, has proven worthless in the hands of the writer.

Now let us consider what the X-ray of the future must do:—

It must give complete protection to both operator and patient.

We must know the exact quantity and quality of rays emanating from our tube.

We must be capable of isolating the rays of deep penetration from those of low penetration.

We must know the dosage each disease requires for best results.

We must possess an ever ready means for the control of the tube, so that its output remains the same during the entire treatment.

In closing allow me to plead for a more perfect technique. Radio-therapy should be given by those who have made a study of it and know its dangers.

— 302 Sumner Ave., Brooklyn, N.Y.

Intra Uterine Medication.

BY C. WOODWARD, M. D.

There can be little doubt but that a majority of symptoms which appear and pass away, or permanently remain, are caused by a perverted circulation and condition of the blood. Experience,

however, shows that among those who hold responsible or laborious positions not even one-third of the neurasthenia cases is caused by overwork.

The history of the following case may be taken as an example of many neurasthenia cases that I have treated. Miss J. R., aged thirty-six, who held an extremely trying position for seven years, became so exhausted that she was obliged to consult a physician, who ordered her to a hospital, and thoroughly curetted her uterus. The operation and a few weeks' vacation improved her condition for eighteen or twenty months, at which time her system became so prostrated as to alarm herself and friends. During the spring of 1904 she consulted several prominent physicians and was told that she was suffering from neurasthenia, caused by overwork, and that all she needed was rest. She took a trip west to gain strength and renewed health, but on resuming her position the exhaustion compelled her to cease work.

March 1, 1905, she called at my office and described the manner in which several physicians had diagnosed her case, and wanted to know if anything could help her except rest. Her face and eyes wore a tired and expressionless look, base of tongue covered with a white pasty coating, temperature 99.2 F., pulse 104, and a continuous throbbing pulsation in the back of her neck and head; skin moist and cool, bowels permanently constipated and sensitive to touch. Now, if there are any symptoms which are pathognomonic of irritation and the occurrence of auto-intoxication in the system, they are the rapid throbbing pulsations of the heart, and a cool, moist skin. A vaginal examination with the speculum and sound disclosed corporeal endometritis, depth of the uterus three and three-quarters inches and retroverted. This condition prevented drainage, resulting in the pent-up septic exudations. It also caused intra uterine irritations that were reflexed and which induced the throbbing pulsations. Auto-intoxication, which occurred in the cavity of the uterus, infected the blood and caused the system to keep the skin bathed in moisture, with an occasional temporary dryness.

Treatment: Alterative and laxative remedies were prescribed to correct the blood and promote normal action of the bowels, and stimulating baths ordered twice a week. Her uterus was cleansed out for the first time, March 2, with a 50% solution of peroxide of hydrogen, and alternated with a one-half solution of lysol. The treatment was completed by inserting a wool pledget against the cervix saturated with a half ounce of glycerine and one grain of elaterium.

This single treatment controlled so much of the intra uterine irritation as to retard the action of the heart twenty beats per minute, and which relieved most of the throbbing pulsations in the back of her head. On March 4 she was given a second treatment,

and two days later she resumed her former position and has continued to work ever since.

Over all this broad land there are thousands of women who are affected with a uterine disease which is nagging the nervous system, perverting the circulation and undermining their health, for want of a simple, direct and specific treatment such as intra uterine medication—the interrupted stream method which scarcely ever requires more than twelve ounces of liquid used in the uterus during a single treatment.

Chicago, Illinois.

Parisian Medical Chit Chat.

TRANSLATED BY T. C. MINOR, M.D.

Paris is still excited over an anthropological historical case. Another attempt has been made to discover and identify the remains of the unfortunate young prince who died at the Temple and was secretly buried in the cemetery of Saint Marguerete, by four men, accompanied by a band of soldiers. One of these men, Lasne, afterward asserted that the coffin was placed by itself in a marked spot. Others asserted that it was thrown in the common grave dug for a number of bodies. The grave-digger, Valentin, recently told his wife and his friend, Becouffet, that the third night after the burial, he had secretly removed the body of the unfortunate young prince, and placed it under the transept of the church. In 1846, the spot indicated was opened, and an ancient lead casket removed, that contained bones that at the time were proclaimed those of an adolescent by Doctors Milcent and Dessier. Later, Doctor Recquier remarked, "The bones belonged to a young subject, evidently rachitic and weak. They were not graceful in form, and were disproportionate in length, just such bones as are found among people of debilitated and scrofulous antecedents who lived under bad hygienic conditions."

These bones were placed back in the ancient lead casket, marked L. XVII., and reburied. In 1894 an official authorization led to their being dug up and re-examined.

The partisans of the House of Louis XVII. wished to prove that these were the bones of the young prince, according to the ancient legend. The first examination seemed to impose the statement that this skeleton agreed in all particulars with the remains of Louis XVII. The bones were again examined by Doctors Bilbault and Backer. Their conclusion in this second examination was as follows:

First.—The subject was a male.

Second.—The age of the subject was about 14 years. The condition of the epiphyses of the humerus, femurs, tibias, as well

as the examination of the skull, permits the drawing of these conclusions.

Third.—Certain modifications in some directions show a general weakness of the subject, betrayed by a slight scoliosis of the thorax and left knee.

This document was signed by the two doctors making the examination. Now the Dauphin was only ten years of age at the time of his death, and these bones were proclaimed to be those of a youth of fourteen at least, for what learned anthropologist can be deceived by the age of a party, evidenced by his skeleton? So the celebrated doctors, Megitot and Mauvouvrier, of the school of anthropology. These two gentlemen went after the teeth. There was complete absence of the milk teeth. Now, according to the best accredited documents, the last milk teeth should fall out about the twelfth year. So these two gentlemen proclaimed as follows:

"The skeleton submitted for our examination is probably that of a male, certainly aged from 18 to 20 years. It does not correspond in any way to what should be the skeleton of the historical prince, who was buried at the age of 10 years and two months."

(Signed) Megitot and Mauvouvrier.

Paris, June 15, 1894.

In 1901, Doctor Cabanus again shocked the pious admirers of the Dauphin by showing more doubt on the question. Perhaps the doctors of 1846 switched bones on those of a later date, and the unfortunate prince's remains are hidden away in some anatomical collection in an ancient French village. However, the skeleton has given rise to many interesting controversies, and has been surrounded by poesy, legend, and bathed in the mysterious light of antique history. There is every reason to believe that the first bones unearthed and examined were really those of the poor Dauphin. Perhaps a century or two from now the real skeleton may be turned up, like many another historical one, by a confession from some medical body snatcher. Only recently the English journals have given the full record of the many vicissitudes undergone by the skull of Oliver Cromwell, a poor old head that had many a rough experience long after death, and one that well merits a historical memoir that cannot be contained in this short translation.

The "Semaine Religieuse de Chalons" published an audience held by Doctor Brissaire, Director of Medical Facts, at the Shrine of Lourdes, with Pope Pius X. The pope discoursed upon miracles at length, but here are the essential declarations reported.

"Medicine confines religion more than one would believe. We frequently pronounce the word "miracle," or the absolute overthrow of the laws of nature by divine intervention. This word "miracle" must not be treated too lightly. We are very severe

before we admit, after careful examination, the rights of the beatification or canonization of saints. This very morning I was studying closely the history of five cases of individuals who had served God faithfully, and all appear worthy of remembrance by the faithful. In a year, perhaps, some may be beatified. These are the cases of Vianny, Cure of Ars; of a Jesuit priest, martyred in Japan; of a Barnabite nun; of a Saint Augustin monk; then, placing his hand most solemnly on the head of a small equestrian statue lying on a table in front of him, the Sovereign Pontiff added, "Behold! Joan d'Arc, the important case, the grandest one of all. I desire to work for her, but, one must wait."

"Le Temps," in an interesting essay on Kant, states: "He was fastidious in his toilet, to which he attached extreme importance. In his choice of clothes there was a perfect harmony in shades and assortment of colors, and he required the perfection of cutting from his tailor. With a brown coat, for instance, he always wore a yellow vest. His health was ever poor, and he took great care of himself. Besides, like Moliere, he never liked medicine or doctors. When, after a careful examination, he determined physic was useless, he never spent any more time on his sensations of disease. He held that the soul could surmount all incurable physical conditions. When he suffered from palpitations of the heart, he attributed the pain to the small size of his chest. It was this affection that led him to his hypochondria. Said he: "When I felt certain that my malady was without a remedy, I compensated for the oppression in my chest with the great sensations of joy I experienced in my heart." The days of Kant passed like a clockwork, in which the Professor was the person who appeared when the clock sounded the hours. His servant awakened him every morning at five minutes of five. Kant then took his tea, then he smoked his daily pipe, and mused over his lecture, its preparation and the books. At a quarter of seven he gave his lecture at the University. At a quarter of one he took a meal, ever finished in one-quarter of an hour. He took a glass of wine immediately after his soup. He rarely invited guests to his table. If he did, the conversation was merely on rain, if it was showery, and sunshine if the day were clear. No one could draw him into a discussion on politics or the daily news during mealtime. He was methodical thus in all acts of his life. Between five and six o'clock in the evening, he always took a long walk by himself, and ever traversed the same ground, in the lane of Koenigsberg that today is called in his memory the Lane of the Philosopher. From six to ten o'clock at night, he read and prepared the next day's lecture. At ten o'clock he undressed, but wore a particular robe that enabled him to get up at any hour of the night that he took a notion to read. His old servant once declared that he never had to awaken Kant twice."

Cincinnati, Ohio.

Worth Considering.

BY F. J. PETERSON, M.D.

We are aware of the fact that cold contracts; therefore if our pores are open and relaxed, a sudden cold, especially if the vitality of the parts is low or lower than other parts of the body, will contract these parts, which results in impairment of circulation.

If this continues or is often repeated, the muscles of such part or parts remain more or less contracted. This impairs the flow of the blood in the parts, exerts pressure on the nerves and we have pain and often chilly sensation as a result of lack of proper circulation in the parts. When the blood flow is impaired, circulation slower, abnormal pressure exerted on the tissues, the cells will become weak and debilitated and are not able to take from the blood the proper amount of nourishment nor in the right proportion. As this goes on, the whole circulation becomes impaired and we may become subject to a good many ailments. *Acid condition is one result*, as the positive forces are too active for the alkaline or negative.

An excessive acid condition of the blood, as is well known, is a cause of rheumatism, catarrhal conditions, neuralgia and many other troubles. From this it can readily be seen that abnormal contraction in some parts of the body continued any length of time, not only produces abnormal chemical changes in the parts, but affects the whole systemic circulation.

The physician would naturally think that a relaxant is the remedy and it is, provided we have mild harmless remedies that act on just that part of the body or nerve centre governing said parts. Powerful general relaxants are most generally by far too debilitating to the whole system and are very often a failure at that. In weak and debilitated persons powerful general relaxants are entirely out of place.

The best and safest method is to manipulate the parts affected properly as well as the spinal centres that govern them. In this way the trouble is generally corrected. This should be done, if possible, early, as contraction and changes are not so marked as yet.

By local manipulation and that of the spinal centres the contraction is removed so that the stimulation of the splanchnics enables the nerves to exert their proper stimulus to the local parts.

The reader will agree with me the the real primary causes of many cases of rheumatism, catarrhal conditions, neuralgia and many other ailments are produced by abnormal contraction of some parts as stated. In such cases is it not a mistake to dose with large quantities of irritating drugs or depressants?

That there are other causes producing acid condition is a well-known fact. Fermentation in the stomach results finally in acid condition of the blood, and often is the primary cause of it. In these

conditions our attention should be drawn to the gastro intestinal tract.

In other cases an excess of carbonic acid in the system is a cause of acid condition of the blood. The carbonic acid not being eliminated, the albuminoids are not properly oxygenated, finally produce excess of carbonic acid; which not being properly eliminated will cause poor circulation and especially of those organs which bring about the wrong of proliferation.

Tompoe, Cal.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

The First Row in My Medicine Case.

NO. VI. ERGOTA.

The abnormal conditions in which ergot is usually employed are not numerous, and yet the field over which its therapeutic action is energetically exerted is far from a small one. In fact, it is so extensive that it covers all wrongs of life which require a tonic or contracting influence over unstripped muscular fiber.

In shock, no matter how produced, ergot is of the utmost value. In severe cases it should be administered hypodermically. In the collapse often seen in cholera infantum it is of frequent usefulness. In all cases showing a pale, cool, relaxed skin, bathed in cold perspiration, the mucous secretions being also increased, the pulse soft and easily compressed, and both rapid and feeble, ergot constitutes a medication of marked curative power. In exhaustion from heat it is an efficient remedy, and in delirium tremens with capillary relaxation it has a soothing and quieting influence. Taken before an anesthetic, it is said to modify the after effects, control retching and lessen vomiting.

In cerebral apoplexy from vascular rupture ergot contracts the torn vessels and controls the hemorrhage. It lessens the blood in a congested part and thus prevents inflammation, and it is one of our most efficient remedial agents in cerebral and spinal congestion. In congestion of the stomach, which so often causes nausea, retching and painful vomiting, its exhibition affords much relief, and in congestion of the bowels, accompanied by pain, cramps and watery diarrhoea its curative effect is promptly manifested. It is also successfully employed in congestive dysmenorrhoea.

In night sweats, drooling of teething infants, bronchorrhea, chronic diarrhoea, polyuria, menorrhagia and the excessive secretion of milk, beneficial results are often obtained from the judicious use of ergot.

In hemorrhages, especially hemorrhage of the bowels from typhoid

fever or chronic diarrhea, hematemesis, hematuria and epistaxis, ergot is a remedy of decided restraining power. In profuse hemorrhages, when prompt action is necessary, it should be administered hypodermically.

Ergot has been used in cancerous conditions with very gratifying results. A writer who has extensively employed it in cancer says: "I can think of nothing more suited to the indications—that of diminishing vitality, vascularity and capillary circulation—than ergot." Another writer says that pulverized ergot spread thickly on a cancer will convert the morbid growth into a slough. In one of his cases ergot, after having been applied two days, made it easy to remove the cancer as a dead mass, and left the healthy tissue untouched. It is also claimed that the long continued use of ergot will cure uterine fibroids.

In obstetrics ergot is a well known medicament, and it is often employed in such cases when it does more harm than good. In the first stage of labor ergot should never be employed, excepting, perhaps, when there is dangerous accidental hemorrhage or partial placenta previa. Its careful use may then be justified. The tonic contractions which ergot produces prevent the dilatation of the cervix, cause it to become rigid, and favor its subsequent laceration. It may also bring about a condition likely to result in the rupture of the uterus or perineum, or the death of the child. In the second stage of labor, when there is uterine inertia, it may sometimes be administered as a means of preventing dangerous post-partum hemorrhage from uterine atony, but even under these circumstances it should never be employed if there is the slightest mechanical obstacle to delivery, nor if the head is high up in the pelvic cavity. It is quite a common practice to administer a dose of ergot just before the birth of the head, in order to give strong contractions at the delivery of the placenta, but it is not a wise procedure, for it is liable to cause "hour-glass contraction" or retention of the placenta. A good rule to follow is that of an eminent obstetrician, who said: "As long as the uterus contains anything, be it child, placenta, membranes or clots, never administer ergot. First empty the uterus and its contents." Some physicians always give a dose of ergot as soon as the placenta is delivered, but I know of no valid reason for doing so. In obstetrics I never employ ergot unless there is excessive hemorrhage at the completion of labor, and in a practice extending over more than a quarter of a century I have had but three cases of severe post-partum hemorrhage. One who knows how to judiciously employ his hands need have but little fear of hemorrhage in the practice of obstetrics.

The claim of some writers that ergot does not influence the uterus unless labor has actually commenced is not in accord with the experience of most practitioners of medicine.

The following are among the leading specific indications for ergot: Hemorrhage, when the tissues are full and inelastic, the patient inclined to sleep and intellect dull; uterine hemorrhage; excessive lochial

or catamenial discharges; hydatids or polypi in the uterus; accumulation of blood-clots in the uterus; retained placenta from want of uterine contraction.

The dose of specific ergot (or a good fluid extract) is from 5 to 60 drops, but in most cases it may be employed as follows: \mathfrak{R} ergot, gtt. x to \mathfrak{z} i; water, \mathfrak{z} iv; teaspoonful every hour to every three hours.

Arsenicum Album in Ptomaine Poisoning.

Under the above caption the *Los Angeles Journal of Eclectic Medicine* publishes an excellent article which was recently read before the Los Angeles County (Cal.) Eclectic Medical Association by Dr. L. P. Zahn. In this paper the doctor in part says:

"To-night I wish to cite a few cases of ptomaine poisoning, whether by inoculation, inhalation or swallowing, in which arsenicum album was given with splendid results.

"First of all, we all know that a ptomaine is any alkaloidal or basic product of the putrefaction of animal or vegetable matter; and it is poisoning by these products, no matter by what avenue of entrance, that I claim can be greatly overcome by the use of arsenic internally.

"A resident of one of our suburban towns woke up one morning to find that his valuable cow had died; so he thought he would try to save the hide, and in stripping it off he accidentally cut his hand. Later it began to pain and swell, and in spite of some of the 'grand-mother' remedies, the entire hand and arm swelled to such an alarming size that he consulted the physician of the town, who told him he would lose his arm. One of his neighbors suggested that he try a certain physician in this city, who happened to be the writer's father, which he did, and all that was given him was enough arsenic to last ten days. Before the medicine had all been taken, the arm had entirely healed. Armed with his father's experience in this case and others, the writer used identically the same treatment, with very good results following, in several such cases of badly infected hands and arms.

"Now as to food poisoning, such as from spoilt fruit, cheese, ice cream, sausage, fish, clams, oysters or lobster and especially canned goods, there is still a little doubt as to whether it is due to ptomaines or toxins or to a mixture of causes. Whatever it may be due to, that isn't the point under consideration; but rather to illustrate, by a case or two, what arsenic will do for them.

"Mr. J——, aged 62, ate some fish which he did not think was tainted, and after two or three hours he felt much epigastric distress. Later vomiting and diarrhea set in, which soon became bloody, exhausting the patient considerably. He craved small quantities of cold water, which would be immediately rejected when given. Warmth over the abdomen ameliorated his suffering to some extent, yet the violent cramping pains were almost unbearable. All food was kept away for 24 hours, and only small quantities of hot water allowed to

be sipped, as it only could be retained. As to the remedy, arsenicum was all that this patient got, and after each teaspoonful of the dilution the patient seemed much relieved.

"Two women ate a box of strawberries between them. Both were in good health and had eaten many before without any ill effects whatever; but this last box of berries, however, had such bad effect as to produce violent pains in the stomach and abdomen with very frequent and exhausting evacuations of the bowels, which did not ease up after trying cholera mixtures and other patent preparations. Having returned from a visit out of town two days later, the writer was consulted and administered the old 'stand-by,' arsenic. Not another cramp was experienced by either patient after the first dose of the medicine, which was frequent until then.

"Mrs. B——, while on her way home from the Woman's Parliament meeting the other day, purchased some muscat grapes and began eating them. At bed time she felt some epigastric and abdominal distress, then became very much nauseated, and when I was called in the morning, she was vomiting bile and complained of having been up no less than twenty times with a very excoriating and offensive diarrhea. There was an unquenchable thirst, but cold water aggravated and provoked more vomiting. Warmth of her hands over the abdomen gave her much relief, but the griping pains were frequent. She could not understand why she should be affected so, as she had eaten quite a few grapes during the summer. Of course I gave her arsenic, and when I visited her in the evening, she was very much relieved and had enjoyed several short naps.

"All of these latter cases were food poisoning, pure and simple, and all the symptoms produced could not have been covered better than by arsenic. Now the question arises, how do I give it.

"First, let me say, that I do not use either Fowler's or Donovan's solutions, but I do use arsenious acid, commonly called white arsenic. Our tincture is made by taking one part of the pure vitreous acid, finely powdered, boiled to a complete solution in sixty parts of distilled water and filtered. The filtrate is increased to ninety parts by the addition of distilled water and then ten parts of ninety-five per cent. alcohol are added. This makes the drug power one-one hundredth, or the second dilution. The third dilution is the medication recommended, and is made by taking one drop of the second dilution and nine parts of alcohol.

"Of this third dilution, I take one-half dram and put it in six ounces of water, and give the patient a teaspoonful every hour or so. If very urgent, it can be given as often as every fifteen minutes. As the case improves, lessen to one dose every two hours or four, until the entire six ounces have been taken.

"In submitting this paper to you for discussion, before closing, I want to add that I do not wish to convey the idea to rely entirely upon the internal administration of arsenic; but such measures as

elimination (if the stomach and intestines have not already emptied themselves) must be resorted to. The same may be said as to inoculated cases; not to avoid the use of external applications, such as the antiphlogistic preparations, as they help in a way."

Helonias Dioica.

BY JOHN ALBERT BURNETT, M.D.

Eclectic physicians know that helonias is a very important and useful remedy in many diseased conditions, a fact that is not generally known to other schools of practice. Helonias has been used by Eclectic physicians for many years, and to a certain extent is used by homoeopathic and physio-medical physicians. All schools of practice use this remedy for about the same conditions. The Eclectics use small doses, frequently repeated. The physio-medical practitioners use the remedy in larger doses. Homoeopaths use the mother tincture, which is one-sixth drug power when made according to the American Homoeopathic Pharmacopoeia, and one-tenth drug power when made according to the Pharmacopoeia of the American Institute of Homoeopathy. The homoeopathic characteristics of helonias, according to Dr. W. A. Dewey, are as follows

"(1) Loss of muscular tone; (2) depression of vital forces; (3) congestion of the mucous membranes; (4) burning sensations."

The loss of muscular tone is recognized by dull backache, a tired feeling, a tendency to prolapsus uteri, hemorrhages and leucorrhoea. Depression of vital force is recognized by dullness of mind, fullness in the head, drowsiness and a tendency to chilliness.

Dewey gives the indications for helonias in uterine complaints as follows:

"When there is great soreness and weight in the womb—what Dunham termed a 'consciousness of a womb;' tired aching feeling in the back and limbs, with impaired nutrition; burning in region of the kidneys."

Howard, a physio-medicalist, speaks of helonias being of value as a tonic, a general strengthener of the system; of its value in colic, strangury, rheumatism, jaundice, to prevent abortion, in suppressed menstruation, coughs, consumption and all lung complaints. He says:

"The constant use of it, however, sometimes makes the mouth sore, when it must be laid aside and some other expectorant used until the mouth gets well, and then it may be resumed again."

Eclectics use helonias in atonic conditions of the reproductive organs of women or men, the same as homoeopaths. Leucorrhoea, with pain in the back, heat in the region of kidneys, menorrhagia, in weak conditions, despondency when due to sexual organs, gastric debility, anorexia, nausea, liver troubles, albuminuria, pruritus vulva, dropsy when the kidneys are at fault, and for habitual abortion. This is no doubt the best remedy for habitual abortion we have when properly used. When there is much constipation or a torpid condition of the

liver, as is usually the case with many women who live in malarial districts, helonias should be combined with chionanthus when being used in female complaints. Helonias is one among our most useful, if not the most useful, remedy we have in the treatment of diseases of the female reproductive organs. It is tonic, alterative, diuretic, vermifuge, emmenagogue, in large doses emetic, and, when fresh, a sialagogue.

Cecil, Arkansas.

Summer Complaint.

Cholera infantum usually begins as a dyspeptic diarrhoea, and is most frequently caused by some irritant which has been taken into the alimentary canal. A rational treatment should, therefore, begin with a clearing out of the intestines, and there is no other remedy for this purpose which quite equals the "Glycerine compound"—equal parts of castor oil and glycerine. Treatment begun in this way often confines the affliction within the limits of a simple irritant diarrhoea. Children usually take the compound without much objection, but when they cannot (or will not) take the medicine, calcined magnesia may be substituted, and will do very well. Astringents are seldom needed in the treatment of diarrhoea, but occasionally a patient will demand a "stop-quick" remedy, and every physician must, therefore, keep in stock something that will answer the purpose. Five drops of the specific aconite and ten to thirty drops of the deodorized tincture of opium, added to four ounces of water, will usually prove satisfactory. A teaspoonful of the mixture may be taken every half hour to every two hours. The preparation known as "chlorodyne," however, will better suit the man who is "in a hurry to catch a train."

The remedies likely to be called for in the treatment of the summer diseases of children are fully given in Fyfe's Modern Materia Medica, and as all of my readers have this work (or ought to have it), I will here simply mention the drugs needed. They are aconite, chamomilla, colocynth, cupric arsenate, podophyllin, nux vomica, sodium sulphite, quinine (usually by inunction), subnitrate of bismuth, gelsemium, ipecac, belladonna, rhus tox., sulphurous acid, hamamelis, opium (by enema), euphorbia, epilobium, neutralizing cordial, ferrum phos., kali mur., kali phos., natrum mur., natrum phos., natrum sulph., kali sulph., calcarea phos., calcarea sulph., magnesia phos., and silica.

In the treatment of dysentery Dr. Cooper's prescriptions should not be neglected. They are as follows: **R** Aconite, gtt. v; ipecac, gtt. x; water, $\bar{\text{z}}$ iv. Teaspoonful every hour, except the third, when the following triturated powder should be substituted: **R** Sulphate of magnesia, grs. vi; subnitrate of bismuth, grs. x. These are adult doses and should be varied in quantity according to age.

In a Bad Way.

Dr. G. G. Burdick says: "Chaos reigns in therapeutics, the majority having lost all confidence in galenic preparations." Well, truly, if that is so the "majority" must be in a bad way. But, by the way, doctor, is it not possible that you may be a little off about this "chaos" business? Suppose you try reading the REVIEW for a few months. It is the "real thing" in therapeutics.

By cooling the patient you cool the blood. Give cold water freely.

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Put-in-Bay in June, 1906. J. P. Harvill, M.D., president; Finley Ellingwood, M.D., secretary.

March, 1907. A. E. Broga, M.D., president; E. H. King, M.D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. D. P. Borden, M.D., president; Pitts Edwin Howes, M.D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth Street. V. Sillo, M.D., president; Charles Lloyd, M.D., secretary.

Kings County Eclectic Medical Society. Meets annually in February. H. Stoesser, M.D., president; M. B. Pearstien, M.D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth Street. H. Harris, M.D., secretary.

Boston District Eclectic Medical Society. Meets the fourth Monday of each month, excepting July and August, at "The Thorndike," Boylston Street. A. W. Forbush, M.D., president; Pitts Edwin Howes, M.D., secretary.

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

Ho, for the National!

The Western and Southwestern Associations have granted reduced rates, so that you may purchase your ticket at any railroad point and secure a certificate of the agent.

The morning and afternoon schedule of boats leaving various points on the mainland for Put-in-Bay follow:

Leave Toledo.....	9.15 A.M.	Arrive Put-in-Bay..	12.45 P.M.
" "	10.00 P.M.	" " ..	1.00 A.M.
Leave Cleveland.....	8.30 A.M.	" " ..	12.45 P.M.
" "	10.00 P.M.	" " ..	2.15 A.M.
Leave Sandusky.....	10.00 A.M.	" " ..	11.45 A.M.
" "	4.45 P.M.	" " ..	6.25 P.M.
Leave Port Clinton..	8.45 A.M.	" " ..	10.00 A.M.
" " " ..	5.20 P.M.	" " ..	6.30 P.M.
Leave Detroit	8.00 A.M.	" " ..	11.30 A.M.

Delegates from southeastern territory must purchase tickets to one of the above points on the mainland, to which reduced rate will apply.

Secure your certificate from agent and present to me same as others.

H. H. HELBING.

The National Outlook.

The reports of the Section Officers, now in, show that a great deal of interest has been aroused in the session, which is to be held June 19, 20 and 21 at Put-in-Bay, Ohio. The outlook is a fine one. The list of papers promised is much larger than last year, and nearly as large as that of the St. Louis meeting, which was the most successful in the history of the Society.

The Committee of Arrangements has made every effort to prepare for an excellent time. Their program will consist of pleasure trips, band concerts and other attractions. The session will be so conducted that no time shall be wasted, and every possible moment shall be devoted to the reading and discussing of papers.

The location for the meeting is one of the most attractive spots in the United States. One where tourists assemble each year in great numbers; one offering very many unusual features. Doctors: make up your minds to go to Put-in-Bay this year, whatever happens, and help us conduct a most enjoyable session.

FINLEY ELLINGWOOD, M.D., Secretary.

New England Eclectic Medical Association.

The twelfth annual meeting of the New England Eclectic Medical Association jointly held with the forty-first annual meeting of the Maine Eclectic Medical Society, was opened in Preble House, Portland, Me., at 10 A.M., Wednesday, May 23, 1906, by ex-President Algernon Fossett, M. D., of Portland, and continued two days, with the largest and most enthusiastic attendance for years.

The recording secretary, her report given, was unanimously thanked for her work on the "Announcement," the best, it is claimed, of its kind; and the treasurer reported all bills paid, a good balance on hand, and encouraging prospects.

Several were elected members, and neither withdrawals nor deaths were reported. Several delegates and other visitors were welcomed. Many interesting cases were reported, and a free clinic was held each afternoon.

Of the sixteen essays listed, the following were read and discussed: "My Treatment of Rheumatism," Percy Lee Templeton, M.D., Montpelier, Vt.; "The Eclectic Medical College of Maine," Frederick Wallace Abbott, A.M., M.D., Ph.D., LL.D., Taunton, Mass.; "Erethites Hierocifolius," Josiah Lister Wright, M.D., Durham, Me.; "Fads and Facts in the Practice of Medicine," Stephen Benjamin Munn, M.D., Waterbury, Conn.; "Tuberculosis," Alfred Horace Flower, M.D., Boston, Mass.; "Imagination—the Factor in Health and Disease," Alexander Wilder, A.M., M.D., F.A.S., Newark, N.J.; "Prevention of Yellow Fever," Garrett B. B. Larkeque, A.M., M.D., F.S.Sc. (Lond.), Coney Island, N.Y.; "A Prevalent Cause of Neuoses," Edward Palmer, M.D., Dexter, Me.; "Alcohol," Sylvia Apphia Abbott, Sc.D., M.D., Taunton, Mass.

The "Symposiac: Peculiar Experiences in Practice," opened by ex-President Stephen Benjamin Munn, M.D., of Waterbury, Conn., was pithy, pointed, and practical.

The following were elected officers for the ensuing year: President, Alfred Horace Flower, M.D., Boston, Mass.; first vice-president, Amos Eugene Parlin, M.D., Barton Landing, Vt.; second vice-president, Royal Elmore Swift Hayes, M.D., Hazardville, Conn.; third vice-president, George Albert Weeks, M.D., Richmond, Me.; recording secretary, Sylvina Apphia Abbott, M.D., Taunton, Mass.; treasurer, Frederick Wallace Abbott, A.M., M.D., Ph.D., LL.D., Taunton, Mass.; librarian, Herschel Napoleon Waite, M.D., Johnson, Vt.; corresponding secretary, Sarah Eliza W. Page, M.D., Manchester, N.H.; censors, George Adam Faber, M.D., Alonzo Downing Muchmore, M.D., Franklin Stuart Temple, A.M., M.D., Henry Reny, Ph.G., M.D., John Albert Donner, M.D., Percy Lee Templeton, M.D. Judicial council for three years—Stephen Benjamin Munn, M.D. (chairman), and Thomas Mulligan, M.D.

Drs. Frederick Wallace Abbott and Alexander Wilder were instructed to bear the most cordial greetings of the association to the National Eclectic Medical Association, to held its thirty-sixth annual meeting at Put-in-Bay, Ohio, June 19-21, 1906.

The banquet of the Maine Eclectic Medical Society to the New England Eclectic Medical Association, at 12.30 P.M., the second day, Dr. Henry Reny, master of ceremonies, was keenly enjoyed and can never be forgotten.

"To promote sociality among all reputable physicians and to ensure the benefits procurable only by intelligent co-operation," two of the chief objects of the "New England," were fully realized by appreciative representatives from Maine, New Hampshire, Vermont, Massachusetts, Connecticut, New York and New Jersey—enough, venturably, for the intelligent.

DR. SYLVINA A. ABBOTT, Rec. Sec.

Indiana Eclectic Medical Association.

The meeting of the Indiana Eclectic Medical Association, May 22, 23 and 24, was most successful. The following officers were elected:

President—Z. T. Hawkins, Swayze, Ind.

1st Vice-President—O. B. Nesbit, Valparaiso, Ind.

2nd Vice-President—A. E. Teague, Indianapolis, Ind.

Recording Secretary—C. N. Brown, Fairmount, Ind.

Corresponding Secretary—E. B. Shewman, Waymansville.

Treasurer—McG. Porter, Elnora.

Next place of meeting, Indianapolis, May, 1907.

E. B. SHEWMAN.

Eclectic Medical Society of the City of New York.

New York, May 17, 1906.

The Eclectic Medical Society of the City and County of New York held its regular monthly meeting at 9 P. M. in the audience room of the college. In the absence of President Sillo, Dr. Heeve, on motion was chosen to fill the chair pro tem. The minutes of the previous meeting were read and approved.

Dr. Heeve exhibited and explained a fluorscope lined with sheet lead, and lead glass at the apex, for examination of patients. It was an improvement over anything previously used, the doctor gave an interesting detail of its advantages.

The essayist of the evening was Dr. Peter Nilsson, who read a paper on glandula fever. His description of the malady was quoted chiefly from the work of Dr. Anders, his treatment was also given, which consisted of cold compresses locally, followed with an initial dose of castor oil, then calomel in doses of gr. 1-12—1-10 twice or thrice daily. The essayist found in his experience, that moist heat applied locally, with or without rubbing, had a good effect. The internal remedies he had found to serve him well were: aconite, bryonia and phytolacca, nourishing diet and cleanliness. In the discussion Dr. Heeve stated that he had had a good deal of experience with this disease, and had an opportunity of trying different remedies, he found that phytolacca had failed him a good many times in this disease. He said that adenoides were almost always found and their removal was a part of the treatment. He believed in giving small doses of calomel and ferrous iodide and the syrup of hydriodic acid, a change of environment, to the sea shore, if possible, plenty of fresh air and nourishing diet.

Dr. Lloyd stated that from what he had observed in glandula diseases that there was no routine treatment for this affection, only where the symptoms and condition were the same in each case any more than in other diseases, he also had found that phytolacca was of little or no use in this particular form of glandula disease, besides what had been mentioned by the former speakers, he had found that belladonna iris versicolor, arsenic, iodide of arsenic, podophyllum, and hydrochloride of calcium. (in syrup) to have proved efficacious. He also approved of the hygienic treatment mentioned by the other speakers.

On motion, a vote of thanks was given to Dr. Nilsson. Adjourned.

CHARLES LLOYD, Secretary.

Selections

Making Sufferers Comfortable.

BY W. T. MARRS, M. D.

(College of Physicians and Surgeons, St. Louis, Mo.)

As has been frequently stated, the special province of the physician is to relieve pain. To do so without producing a drug habit, or in some way jeopardizing the patient's life, has always been a problem. I looked askance upon any drug or preparation purporting to be free from objectionable qualities until I began prescribing antikamnia and codeine tablets a year or so ago. The Antikamnia Chemical Company in their preparation of these tablets, by a refining process known to themselves, remove all the toxic elements from these two drugs so that no damaging effects result. They produce only the most benign results and there is no tendency whatever to produce a drug habit. I now regard antikamnia and codeine tablets, as the ideal pain-reliever. Headache and neuralgia are not their only field of usefulness. I find that in chronic and malignant diseases where pain is a marked factor, the antikamnia and codeine tablets relieve pain and make the sufferer more comfortable. Cancer is a condition attended by excruciating pain, but I was agreeably surprised and my patient gratified at the results obtained from these tablets.

I have also had pleasing results from these tablets in both acute and chronic rheumatism. All physicians know how intractable is sciatic rheumatism, but the last few cases I had, I prescribed tablets and I am sure they lessened the duration of the disease. To relieve pain in its incipency will often abort an inflammatory disease. This preparation certainly has quite a large field of usefulness, and the doctor who once uses it will seldom resort to any other anodyne.

Jewett, Ill., May 5, 1906.

The National.

Every physician interested in rational therapeutics should make an earnest effort to attend the coming meeting of the National Eclectic Medical Association to be held at Put-in-Bay, June 19th, 20th and 21st.

The meeting promises to be not only interesting and instructive, but our Ohio brethren are preparing an elaborate social program for the entertainment of members and friends. Eclectic physicians have never appreciated what a tower of strength they would be if they paid more attention to organization, not only in the national but in state and local societies. With proper organization they would command the respect and attention of the world, as an organization of scientific practitioners believing in medicine and teaching a system of direct and rational therapeutics. We are assured of a good delegation from New York and New England.

Items

On May 19, Eugene H. Porter, M.D., commissioner of health of the state of New York, appointed Prof. W. H. Wyatt-Hannath as one of the inspectors and medical experts of the department.

Glycogen is a form of animal starch which has been found of great value in promoting the assimilation and increasing the weight in various debilitating diseases, such as typhoid, diphtheria, scarlatina, etc. The dose is one to five grains daily. The results obtained indicate a wide field for its usefulness.—*N. Y. and Phila. Med. Journ.*

The Buffalo contingent promise us a good time on our way to the national.

"Weary Willie" will not be with us, as he is engaged watching the "hatcheries" on the Jersey coast, but "Constitution" promises to do his best to fill his place.

The William S. Merrell Chemical Co., of Cincinnati, are now carrying a full list of the Dean's Tablets.

They say "Papa" is getting very sporty.

Sanmetto in Pregnancy.

For years I have been a warm admirer of Sanmetto in all cases of pregnancy. I find that it carries away from the system pretty well all of the albumen and strengthens the abdominal muscles. Try it, some of you brethren, and report it. I prescribe it in the last month of pregnancy.

Warfield, Texas.

JOSEPH J. PARKER, M.D.

The Brooklyn Dispensary Society had a most successful trolley ride on June 12. They are a hustling crowd.

Be sure to read "Pearly's" ad.

Everyone seemed to enjoy the dispensary staff dinner. Better make it an annual event.

It will seem strange to meet in Ohio and not have Prof. John Uri Lloyd with us.

Send for catalogue of the Eclectic Medical College.

Book reviews have been omitted in this number.

As our Chesterfield has planned a trip to Europe he will not be with us at the national, but "Prince Billy" and our "King" will be there.

Howes has hustled up a fine delegation from New England.

Read the advertisements and send for samples and literature.

The New York office of the W. D. Allison Co. has removed from No. 1 Madison Ave. to 110 East 23d St., where the smiling Hughes can always be found.

Send name and address of prospective students in your neighborhood to the college and we will send them the new catalogue as soon as issued.

"Tommy" is better and has promised to attend the national.

"Judge" Toms has promised to meet the delegation at Buffalo and give them a bunch of wisdom to take to the national.

Dr. Carrie thinks that "Honey" ought to give her a chance to attend the national.

Who said *Abbott* was a candidate?

The Nurses' Association is sure to prove a great help to the dispensary staff.

The Specific Medication Club is talking about holding their July and August meetings at Coney Island this year. Good idea.

Dr. Chas. B. Graf is taking a much needed vacation. He is now at Vienna attending clinics at the Krankenhaus.

What will the national do to help the San Francisco brethren?

Have you bought Thomas's "Practice" or Ellingwood's "Book of Treatment?" Fine books. You should have both. They are on sale at the college. We have also a few copies of Fyfe's "Therapeutics" and Wilder's "History of Medicine."

The Massachusetts Society had a very interesting meeting on the 7th and 8th of this month. We expect to give a full report in the July number.

There's a new ptomaine following Prof. Max.

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In Summer Complaints

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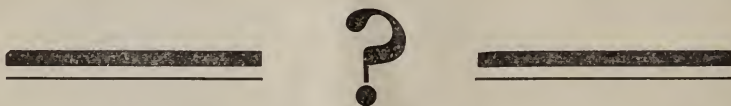


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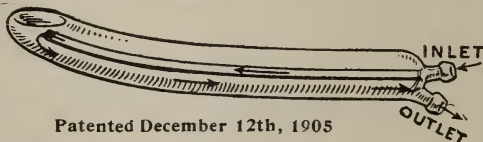
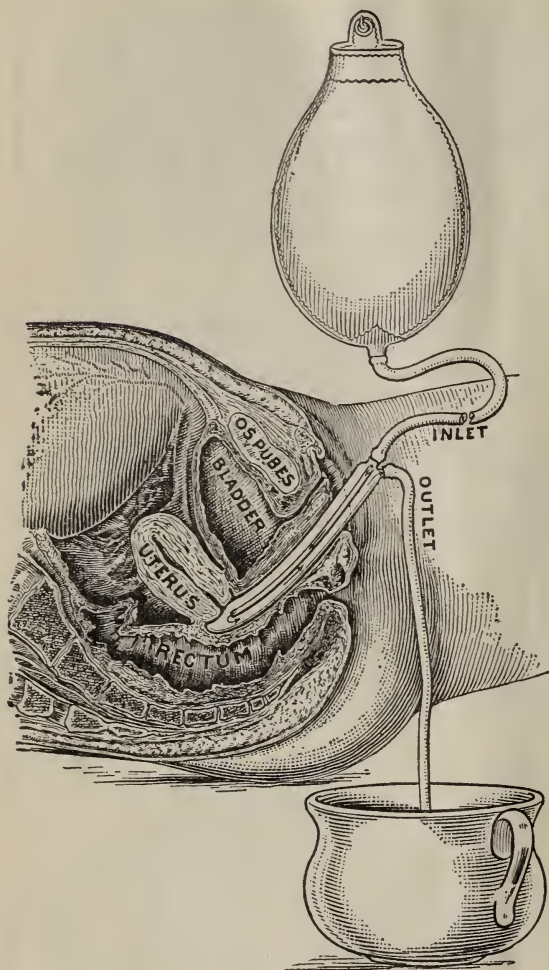


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THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

VOL. IX.

NEW YORK, JULY 15, 1906.

No. 7.

The Coming College Year.

The facilities for clinical and laboratory study have been increased, and as in former years much time and attention will be given to Materia Medica and Therapeutics. Although etiology and pathology will receive more attention than in previous years, it will not be at the expense of the subject of Materia Medica and Therapeutics. Preventive medicine is a very important subject, but it can never take the place of the department of therapeutics, and to this department we have always given special attention in our college.

The National Eclectic Medical Association.

The meeting at Put-in-bay was a pleasant one and the New York delegation had quite a holiday. The metropolitan district was represented by Drs. Brandenburg, Birkenhauer, McGinnis and Boskowitz and the country by Drs. Smith and King. The general attendance at the meeting was fair and many fine papers were presented. Professor R. L. Thomas welcomed the society to Put-in-bay and Dr. Perce of California responded.

We then respectfully listened to the president's address. The entertainment of the society by the Ohio delegation was royal, and special thanks are due the polite, active and energetic chairman Dr. Mock who bore the burdens gracefully. By resolution the next session will continue four days and California was selected as the meeting place. The following officers were elected: President, E. H. Stephenson, Ft. Smith, Ark.; first vice-president, S. J. Stewart, Lincoln, Neb.; second vice-president, Josephus Adolphus, Atlanta, Ga.; third vice-president, H. H. Brockman, Eldon, Mo.; recording secretary, J. P. Best, Indianapolis, Ind.; corresponding secretary, H. H. Helbing, St. Louis, Mo.; treasurer, Earl H. King, Saratoga Springs, N. Y.

The National Meeting.

Once again it is our pleasant privilege to relate to the readers of the Review some of the happenings at the National meeting. The New York party came home feeling rested and refreshed, and that they had had a delightful outing and at the same time the benefit of all the advantages of ideas incident to the coming together of such a large number of medical men. The doctor from Chicago may treat his case of pneumonia one way, and the Texas man may have quite another way; certainly the "meeting of the ways" must mean benefit to all, and the lady from the East can tell them all pretty stories about passiflora. Put-in-bay with its historic caves and interesting spots was new ground for the Eastern visitors, and the thrifty appearance of the vineyards, and pretty undulating country were attractive indeed. The Ohio Society was a fine host and had everything arranged for the comfort and entertainment of the Association. The genial chairman of the entertainment committee deserves the thanks of all for the many courtesies extended. He even attended to the weather, and the sun shone on us nearly all the time. The boat ride on Wednesday afternoon all around the island was one of the pleasantest events of the visit. The distance is about twenty-two miles and the boat large and comfortable. It gave one a very good idea of the lake and small islands in that vicinity, and was one of the happiest ideas they could have had for the entertainment of the visitors who were not familiar with Lake Erie. A charming musicale was given on Wednesday evening in the ball room, an excellent program was provided and judging from the generous applause and numerous encores it was thoroughly enjoyed. This was followed by a dance, and every one felt he had passed a most delightful day and evening. New York modestly carried off some of the spoils on Thursday morning and the Society voted to go to Los Angeles for the next meeting.

L. B.

Milk for Infants.

Pure cow's milk, when properly diluted and modified, unquestionably constitutes the best food for infants that can be substituted for human milk. This fact appears to be fully recognized by our health authorities, and they are apparently making extraordinary efforts to give the children of this city as pure milk as can be obtained. This is evidenced in various ways, and especially by the recent appointment of a large number of additional milk inspectors. Under the present system, however, inspection can deal only with adulteration, for by the time deadly germs can be discovered in a sample taken for inspection the milk from which it was taken will all have been consumed, and the wicked little microbes will be fully "on to their job" of killing babies.

The inspection of the milk supply of this city is a work of much

greater magnitude than is generally supposed, and the inspectors heretofore have been so few that the inspection has necessarily been more or less superficial. While with the additional inspectors appointed last month Dr. Darlington will be better able to carry out his plans for the better protection of children from the ravages of adulterated milk, his force is still too small to be equal to the task of looking after the 25,000 milk dealers and the careful inspection of the city's daily supply of 1,500,000 quarts of milk. The appointment of additional inspectors, however, is a movement in the right direction, and will undoubtedly aid the health department much in its efforts to lessen the annual slaying of babies.

While no well informed person questions the fact that pure and properly modified cow's milk is the best infant food that can be substituted for human milk, many eminent authorities believe it impossible to obtain a supply of pure milk in our cities and large towns, and that pasteurized milk should, therefore, be employed. Pasteurization, it is claimed, nullifies the power of the deadly germs which infest impure milk, and without materially altering the nutritive qualities of the milk. Numerous instances are constantly being cited in which most markedly beneficial results have followed the exclusive use of pasteurized milk. On Randall's Island the feeding of babies on milk thus prepared reduced the death rate from an average of 41.83 per cent. to 16.52 per cent. In a work entitled "Infantile Death Rate and Infants' Milk Depots," giving an account of the success of the municipal milk depots of Europe, it is stated that in ten towns in France the deaths among infants fed at these depots on pasteurized milk were from 20 to 43 per 1,000 less than among infants of the same class in the same towns fed on inspected and modified milk obtained from the regular dealers.

In Boston, where the circumstances affecting the milk supply are somewhat similar, but perhaps not so bad as in this city, the health authorities have attacked the milk question with vigor, and adopted a rule which compels the dealers of that city to see that the milk sold by them comes up to a fairly high degree of purity. The authorities have decided upon a definite standard and forbidden the sale of milk that does not come up to it. The rule adopted is as follows:

"No person by himself or by his servant or agent, or as the servant or agent of any other person, firm or corporation, shall in the city of Boston sell, exchange or deliver any milk, skimmed milk, or cream, which contains more than 500,000 bacteria per cubic centimetre."

A large number of dealers who attempted to sell milk below the foregoing standard were prosecuted by the milk inspector and convicted. This action caused the dealers to look more carefully to the sources of their daily supplies and to compel the farmers to clean up their cow barns and dairies, to adopt improved methods

of handling the milk, and to take more interest in the health of their herds. In many cases the Boston dealers are now pasteurizing their milk in order to keep it up to the standard of the health department, they having found that milk that had less than 500,000 bacteria per cubic centimetre when received from the trains contained from 1,000,000 to 3,000,000 germs per cubic centimetre before they could serve it to their customers, notwithstanding their greatest care in keeping it cool.

J. W. F.

All Honor to the Assembly.

The New York Assembly, at its last session, in refusing to concur with the Senate in the passage of the "Osteopath bill," defeated a proposed law for which no valid reason can be given. The stand taken by the members of the lower house on this occasion against this renewed attack on our very satisfactory medical law is worthy of the highest commendation and should secure for them a support in the future which will convince our honorable senators that the people of this State are not in favor of a backward course in medical legislation.

The medical law of this State plainly says that no man or woman shall practice medicine within its borders until after such man or woman has passed four years in the study of medicine, graduated at a medical college, and successfully passed an examination by one of the three State Boards of Examiners. Now, according to the recent decision of Judge Green, any person who claims to heal the sick, as a business or profession, whether drugs are employed or not, is within the meaning of the law a practitioner of medicine. It is, therefore, clear that all who treat the sick, whether they use drugs in their treatment or not, are violators of the law unless they have complied with the foregoing requirements. The proposed osteopath law was, therefore, simply an attempt to nullify the medical law of this State, and create a short cut into the practice of medicine.

The law as it now stands is in nowise a source of injustice, and it should be let alone, instead of being annually attacked on the one hand by a class of men who apparently wish to control everything medical, and on the other by men who are constantly endeavoring to lower the standard of medical education to the level of osteopaths, dermapaths, Christian Scientists, and all sorts of uneducated cranks. If the osteopaths, dermapaths and Christian Scientists wish to practice their peculiar system on their fellow beings the way is open and clear, without any further legislation. Let them qualify themselves by taking a four years' course of study and passing the regular examinations. This is what ordinary doctors have to do, and why should they be exempt from these requirements? Having complied with the preparatory requirements, they can treat their patients in any way which to them may seem best. If their patrons wish to

be rubbed or prayed for it is not likely that any one will gainsay their right to the service.

The doctors of this State, regardless of school, should oppose all interference with the present medical law. It may not be perfect, but it is at least just and decent.

J. W. F.

The Irony of Fate.

It is seldom that the irony of fate is so promptly and conspicuously manifested as it was in Boston immediately after a recent dedication of a Christian Science cathedral. A prominent feature of the exercises was a dedicatory address by the great leader of the cult, in which she fondly and impressively dwelt upon the errors of people in general and those of doctors in particular. In this address, according to the Boston papers, Mrs. Eddy far exceeded her usual eloquence when referring to mortal flesh as but a dream and all maladies and pains as mere delusions. The disciples listened to the address of their beloved leader with rapt attention, and the most implicit faith that Christian Science afforded a way for the removal of all human ills—that to believe was to be healed.

The duties required in the dedication of this great cathedral finally being completed, thirty-four of the country disciples, with the belief that no harm could come to them firmly fixed in their minds, decided to visit some of the beautiful scenes which are so numerous in and around the "Hub of the Universe." In pursuance of this determination an automobile was secured and the party happily started, but in some unaccountable manner matter got the better of mind—even of Christian Science mind—and the journey was suddenly and sadly brought to a termination. It is not positively known just how it happened, but the Boston newspapers intimate that on the way the mortal matter of a brake was taken with the belief that it had been broken, and, near the top of a hill, the delusion of gravitation so affected the vehicle that it, in an absurd manner, insisted upon being mortal matter, and as a result of such stubbornness, ran down the hill and overturned, suddenly dumping the passengers into a heap. Some of the disciples admitted that their bones were broken and that they were otherwise seriously injured. It being an off occasion for the power of mind over matter, they consented readily enough to be taken to the hospital for the treatment usually given to people who are so ignorant that they will not believe that their bones are mortal dreams or that their muscles, tendons and nerves are mere delusions. Evidently Mrs. Eddy has not got her disciples sufficiently grounded in the faith.

J. W. F.

Physicians vs. Publicity.

In presenting this subject, I am actuated more by a desire to awaken a discussion than to present any important knowledge.

Could our predecessors in the practice of medicine come back to the earth, they would be astounded at the change in all directions. The many results, to which we have become gradually accustomed, they would pronounce simply marvelous.

The entire world has been, as it were, completely made over as far as its methods are concerned, in the past quarter of a century. The most important and improved means of locomotion, heating, lighting and communication have been simply revolutionized. This has been accomplished in such a way that we, today, can justly be said to live more in one day than our ancestors, of a hundred years ago, did in a year.

Our business methods have kept pace with these changes in other directions. The most skillful and successful merchant of a century ago would stand aghast at the manner of conducting business today. He would deem it reckless and hazardous in the extreme. Yet should the modern business man go back to the ways in vogue in the middle of the last century, he would simply be courting defeat and disaster.

Among the many changes in the business world which might be noted, none, perhaps, are more radical than those which come under the head of publicity.

The acquainting the public with the commodity they have to dispose of has become of the greatest importance to the successful business men of the present time. New ways and means by which this end may be reached are constantly being devised. Advertising in all its branches has become of prime importance to all successful enterprises. The more unique the method the greater the result.

Probably the only class who have not adopted the more modern methods of conducting their business is the medical profession.

While the practice of medicine has been subjected to a vast change in the past fifty years, yet the practitioners of the art—in a very large degree—hold to the old custom of non-publicity. Publicity, to-day, is practiced almost entirely by those whom the medical profession at large denominate as quacks.

The old code, requiring the medical man to refrain from advertising his ability to do certain things, is strictly adhered to because of the ban of ostracism which would follow transgression. While this is true of the rank and file, yet those standing high in the medical world are constantly using an indirect and—at the same time—a most effective manner of advertising themselves to the general public in their professional character.

Hardly a day passes but you may read in the daily, weekly or monthly press the exploits of some leading medical practitioner who thereby gains notoriety and business. This is looked upon as legitimate, while in fact it is a flagrant violation of the code, which says you must not advertise to the public your ability to treat suffering humanity.

Is it not time that the whole subject of medical advertising, by the physician, was readjusted? Should not medical men come under the same methods which have rendered other classes of business more successful?

No physician who has practiced medicine twenty-five years would dare affirm that the practice of medicine had not changed very materially in that time.

The old general practitioner, the family physician, who was so generally revered and looked up to, is passing away. It is a debatable question whether or no in a few years more he will not have ceased to exist.

The immense amount of knowledge which has been developed along medical lines in the past two or three decades has been largely responsible for this result. It is impossible for any one man to keep abreast with the times in all branches of medicine. Specialties and specialists have been and are a natural result of this fact.

Grant this deduction—who will have the courage to deny it—and you are brought more forcibly face to face with the question of publicity.

Shall not those who are specially fitted for any particular branch of the practice of medicine, have the right to proclaim that fact to the public at large, as well as the dealer in any other commodity? Is not the prohibition that is placed upon the well qualified and studious legal practitioner the real reason why so many inferior men are more successful, because they have dared ostracism and told the general public of their assumed qualifications?

Is it not time that this entire subject of ethical advertising was calmly discussed and a rational solution reached?

Nearly a hundred years ago Eclectics led in reform medicine for the benefit of the people at large, and who can estimate the good to mankind thereby accomplished?

Should we not be the leaders in the disfranchisement of ourselves from the strict laws of our forefathers, when they decided that we must conceal our abilities from the laity?

This is a vital subject, and sooner or later must be discussed and settled. Those who are interested should express their opinions.

P. E. H.

Original Articles

Treatment of Enlargement of the Spleen Caused by Chronic Malaria.

BY JOHN ALBERT BURNETT, M.D.

Many physicians do not know how to treat enlargement of the spleen caused by chronic malaria. Lloyd's specific polymnia given internally in fifteen-drop doses four times a day, and polymnia oint-

ment applied externally, is of value in most cases. *Grindelia squarrosa*, when given in doses sufficient to produce physiological effect, which is a choking sensation in the throat, is no doubt the best vegetable remedy known in this condition. The fluid extract should be given in half-drachm doses every three hours, and every third day the dose increased five drops until physiological effect is produced. Lloyd's ergot used hypodermically is of much value in cases of enlargement of the spleen caused by malaria. I inject it over the region of the spleen. In a few hours after it is injected it will cause pain in the spleen. Children will often complain very much during the first night after the hypodermic. I think a hypodermic should be given every two days as long as needed. If ergot does not prove to be a reliable remedy in most cases it will be a valuable adjunct to other remedies. In some cases potassium bromide has proved to be of value. Dr. Geo. C. Pitzer used it as follows:

℞ Elixir potassium bromide ℥ij.

Fld. ext. *grindelia squarrosa*

Fld. ext. *polyminia aa.* ℥ss.

M. Sig. Dose one drachm every three hours.

Another old prescription for enlarged spleen is:

℞ Ammonium iodide ℥ijss.

Arsenic iodide gr. jss.

Peppermint water ℥iv.

M. Sig. Dose one teaspoonful three to five times a day.

There can be no question but what the iodides are of much value in many cases. The Homeopaths recommend arsenic iodide in the second decimal trituration in one-grain doses three times a day as a preventive of malaria. I tried it in a few cases and it completely failed. I prefer to use this remedy like all others in material doses. If desired a drachm of Fowler's solution can be substituted in the above prescription in place of the arsenic iodide. I know a very successful physician who uses the following in cases of enlargement of the spleen:

℞ Potassium iodide ℥vj.

Fld. ext. *phytolacca* ℥ij.

Tinct. *sanguinaria* ℥j.

Simple syrup q. s. ℥vj.

Sig. Dose one drachm three times a day.

The late Dr. Ben. H. Broadnax, who practiced many years in the malarial districts of Louisiana, used the following:

℞ Comp. tinct. iodine ℥ij.

Fowler's solution ℥j.

M. Sig. Dose 10 or 15 drops before meals and acid iron tonic after meals, which is made as follows:

℞ Hydrochloric acid

Nitric acid aa. ℥j.

Iron sulphate ℥ij.

M. Sig. Let stand 24 hours and it is ready for use. Dose 2 to 10 drops in a glass of sweetened water after meals and at other times when desired.

Tincture of iodine used locally has given results in some cases. It should be used in hot goose oil. Ointment of red iodide of mercury is beneficial when used locally over the region of the spleen. Belladonna plasters applied over the enlargement is often very good. Equal parts of glycerine and croton oil applied over the spleen two or three times is useful. Apply it, and when the parts get well apply the second time, etc. I know a physician who used the following with good results as a local remedy:

R Oil origanum ʒj.

Croton oil ʒj.

M. Sig. Apply as needed. Wait until the blisters get well after each application. -

Cecil, Arkansas.

Glandular Fever.

BY PETER NILSSON, M.D.

Read at the May meeting of the Eclectic Medical Society of the City and County of New York.

For a description of this malady I can do nothing better than to quote Anders, who, in his textbook, gives a clear and concise description of the same.

By the term glandular fever is meant an acute, infectious disease of children, characterized by adenitis affecting the lymph glands of the neck, especially the anterior cervical.

The etiology is obscure, no special micro-organism having been found. The complaint occurs usually in house-epidemics. It usually occurs during childhood, the cases on record ranging from seven months to thirteen years. Adult cases have been reported. Most cases occur between the months of October and May, inclusive. Here I will state that in my experience February and, still more so, March and April are the months in which it is found almost exclusively.

The incubation period is uncertain, usually lasting from five to eight days.

Symptoms: The onset is sudden. The child holds the neck stiff. Earache is very common, often due to an accompanying otitis media. Inspection usually, and palpation always, will reveal the enlarged glands, which are hard and varying in size from a small bean to a hen's egg. The pharyngeal mucose is more or less infected and the viscid mucus is often very annoying, especially in smaller children. The tonsils are rarely, if ever, involved. The bronchial and tracheal glands may become involved, causing dyspnea and cough. The temperature ranges between 100 and 104 and is very irregular in character. Anorexia and vomiting are very com-

mon. The complaint is a rather annoying one to deal with as the parents generally think we ought to call it pneumonia, at least, or else cure it quicker.

The duration is generally from one to two weeks. Anders gives it as sixteen days. My cases, which have been quite a few during the past two or three years, have all been children, with the exception of one, aged sixteen, which I had under my care recently. In this case there was involvement of the glands practically all over the body and at one time his condition very much simulated typhoid. He complained very bitterly of the pain, at first in the extremities and later otalgia and painful neck. The abdomen was also sensitive, due to enlargement of the mesenteric glands. He was well in about a week.

Treatment: Anders recommends cold compresses locally; an initial dose of castor oil, followed by small doses of calomel (gr. 1-12 - 1-10) two or three times daily. In my experience, moist heat locally, with or without occasional rubbing with iodine ointment, acts far more favorably than cold. Internally aconite, bryonia and phytolacca are the remedies most commonly indicated. If the pharyngeal symptoms are annoying calcium iodide or the ammonia salts will give relief.

In the diagnosis of glandular fever, tonsillitis, pharyngitis and influenza must be eliminated.

The paper is short, but it will serve as an introduction to the discussion which I hope will be interesting in spite of the warm evening.

Some Things I've Learned From Practice.

BY DR. ELIZABETH HAMILTON-MUNCIE.

Read at the annual meeting of the Eclectic Medical Society of the State of New York.

First, I learned to unlearn some things I learned in college and from the text-book. I learned that some of the systems and theories evolved by so-called quacks of yesterday are stepping-stones to, if not the accepted, truths of today. Early I learned that every case was a law unto itself and called for individualization.

Through some humiliating experiences I learned that the despised pessary had a place of honor, that to condemn it was to show ignorance of its use, and furthermore, that by its intelligent use women who were obliged to work long hours, with no time or money to come to the doctor's office at frequent intervals, could be made comfortable and happy in mind and body, even while at hard labor. I learned further, that a woman burdened with multiple uterine fibroids and retro-displacement could be permanently cured, by the wearing of a pessary, not only of the dis-

placement, but of the fibroids as well, during which time she suffers no inconvenience, while her reflex symptoms gradually disappear.

Again, I learned that in those cases presenting a cervix, that had been lacerated and healed with cicatricial tissue, must have its cicatrix removed in its entirety before circulation can be properly established to the uterine body and its adnexa, and not then unless the uterus be helped to maintain its normal position until strong enough to stand alone under severe physical and nervous strains. Furthermore, these cases, having resisted every effort to maintain the normal position of the uterus before the operation, will give no resistance after the careful repair of all parturition damages, and the patient, improving daily, will rise up to call you blessed. I have learned that this method far exceeds the various suspension or fixation operations, and offers little or no risk to the patient's life.

Again, I have learned that the conditions heretofore mentioned, when not resulting from mechanical damage, are usually preceded by an adherent prepuce, and often accompanied by hypertrophied labia, enlarged and horny vaginal rugie, and not infrequently by papilla or hemorrhoids in the rectum, and often there is found a prolapsed sigmoid. If these pathological conditions be removed judiciously, but boldly, we may cure our patient of nearly every ill with which woman suffers. By this procedure, such chronic diseases (in their incipency) as Bright's, tuberculosis, diabetes, (epilepsy sometimes), errors of metabolism, nearly every form of intestinal indigestion, and the neroses from the simplest form of neurasthenia to insanity, are cured or stayed. I have, therefore, learned to look for such causes and effects after everything else has failed.

I have learned that blood stasis is the material beginning of diseased conditions, and that any agent that can so act upon the nervous system as to relieve blood stasis, by whatever name called, is our friend, and furthermore, that blood stasis must be traced back to errors in nervous energy, and that perhaps we will soon understand the conscious and subconscious man as a first source of stasis, that each part is as large as every other part, and fills the entire human form, as does salt or flavoring, though a bit in itself, it permeates the entire loaf. As irritations, followed by congestions and inflammations, can jump from one end of a nerve fibre to another, from periphery to centre, or centre to periphery, or from one set of nerves to another in like manner they can be transferred from a physical part to the interior organization, and find expression in acute or chronic disorders of intellect or emotion, or both. Chronic tears may come from physical disturbance when there is no bodily consciousness of disorder; so can chronic anger, chronic lust and chronic treachery. These are metastasis from the physical to the spiritual part of us. There is scarcely a type of

mental or moral crookedness that has not been restored to mental and moral balance by the correction, in skillful hands, of previously unsuspected physical imperfections, and all that is necessary to effect the emancipation of the race from a large part of its mental and emotional unhappiness, as well as from its physical disorder, is to multiply these cures until they shall become common instead of exceptional, and until we shall have more hospitals and fewer penitentiaries and insane jails (so-called asylums).

We must further learn that no examination of a patient is complete until his entire being, from his skeleton to his spiritual condition, has been submitted to careful scrutiny by one sufficiently broad in his conception of disease to recognize the mutual dependency, not only of mind and matter, but of each part upon each other part. If the composite man will ever become adequately appreciated by the medical profession, and the conditions of his sympathetic system and its subconscious soul ever succeed in obtaining a recognition adequate to their importance, humanity will not only be eased of its aches and pains, but will also be helped to the essentials of right living.

It is high time that short-sighted rivalry in medicine cease, for all must learn that what will cure one is not adapted to another. Some cases will yield to proper suggestion, some will need manual therapeutics to open obstructed channels of circulation, some require magnetic or electrical currents to stimulate parts that are dormant; large numbers require the surgeon's art, while skillful prescribing of drugs is always in demand.

I have learned that the sympathetic nervous system is faithful to its trust of waste and repair from the beginning of life to its end, and that it is responsible for every act of involuntary and spontaneous bodily activity, and without its influence the rest of the body is helpless, and even though its brains are somewhat scattered being located in ganglia wherever needed, it keeps the house while its involuntary nervous system sleeps under anesthetic, hypnotic or narcotic influence. This sympathetic nervous system can take care of the circulation of the blood alone, for it does so when the cerebro-spinal or conscious system is either in a natural or induced sleep, or disabled by concussions and shocks that are severe enough to put it asleep, but not severe enough to disable the sympathetic system also. It, however, cannot maintain the bodily economy long without the assistance of its brother nervous system. Either system can hurry the heart's action or slow it, can blush or pale an organ, can influence the blood supply to any part of the body. If the stomach be overloaded the sympathetic system has more than it can do to carry on the process of digestion, and as a result the arteries of the head do not get their usual supply of nervous force to make them contract as they should, and so remain full of blood, making the face red, and this blood has nothing to do with the cerebro-spinal system,

for it, on the other hand, brings the blush to the face through thought, suggestion or emotion.

I have learned that in all chronic cases the sympathetic nerve trunks and terminals are of first importance and must be free from every form of undue impingement and irritation. We will learn in time that there is no truth that will not be wanted, there is no available knowledge that will not be needed, but that each part must serve the whole, and then the whole will take care of the parts.

Brooklyn, N. Y.

A Specific for Urticaria or Nettle Rash.

BY ELI DENNY, M.D.

Without going into the etiology, pathology, etc., of this disease, we will presume the physician can diagnose urticaria at sight, or at least without any particular difficulty. Prescribe *rad. serpentaria* (Virginia snakeroot), one ounce bruised; put one-half ounce in a quart bottle and fill bottle with cold water and keep in a cool place; let the patient take one tablespoonful five or six times a day. If it becomes stale use the other half ounce as before, and inside of two weeks the urticaria will have permanently disappeared. For eighteen years this has been my treatment and has not once proved a failure.

Nassau, N. Y.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

The First Row in my Medicine Case.

NO. VII. GELSEMIUM SEMPERVIRENS.

Gelsemium is the remedy which I most frequently find it necessary to prescribe in overcoming the wrongs of life daily presented for consideration. I do not employ it as often as an eminent physician did who was said to daily begin his professional work with no other drug than a pint bottle of gelsemium—giving each of his patients a portion of the contents of the bottle—but I certainly find very frequent indications for the exhibition of this drug.

In giving an account of my use of gelsemium I cannot do better than to quote from the *Los Angeles Journal of Eclectic Medicine* a

portion of an article which I wrote for that journal about two years ago. In part the article is as follows:

"Gelsemium constitutes a superior medicament in a wide and varied range of pathological states. In all fevers showing irritation of the nerve centers it is an indispensable remedy, and in diseases in which there is evident determination of blood to the brain and spinal cord it has no equal. It also exerts a curative influence in the various neuralgias which often arise from functional disturbances of the nervous system.

"Gelsemium and *rhus toxicodendron* make good companion remedies. As an illustration I will mention a case to which I was recently called. The patient was a boy four years of age. He was apparently very sick, and had been gradually growing worse for more than a week. There was high fever, great restlessness, very bright eyes, contracted pupils, and a constant carrying of the hands to the left frontal region, indicating a severe disturbance in that portion of the head. At times the child was delirious, and he persistently rolled his head from side to side. Fifteen drops of *rhus toxicodendron* and twenty drops of gelsemium were added to four ounces of water and a teaspoonful of the mixture given every half hour for two hours, and after that the same dose was administered every hour. The following morning the patient's condition was much improved. The medicine was continued and the child made a speedy and complete recovery.

"In the treatment of diseases peculiar to women gelsemium often constitutes a remedial agent of much usefulness. In amenorrhoea it is a drug of positive action and its curative power is promptly manifested, and as a means of relieving patients suffering from dysmenorrhoea it is employed with marked success. Hysterical convulsions, when not caused by organic wrongs, are speedily controlled by this medicament. It not only controls the spasms for the time being, but in many cases effects a cure through its tonic influence on the nervous system. In this disease the dose should be sufficiently large to bring the system completely under the influence of the drug. As soon as the convulsions have ceased the dose should be lessened, and then continued until a cure is effected. In some cases it will be necessary to keep the patient continually under the influence of the medicament for a considerable time. In order to quickly control the convulsions it is sometimes advisable to administer the drug hypodermically, when the dose should be from five to ten drops of the specific medicine.

"As a parturifacient gelsemium is often employed with gratifying results, as it is of special value in cramps and other spasmodic conditions. In the nervous irritability, vertigo, wakefulness, and other unpleasant symptoms which frequently accompany gestation, it affords a considerable relief, and its continuous use in small doses for five or six weeks before the time of delivery will mitigate many of the disagreeable symptoms which often appear in the latter period of pregnancy. In labor, when the lower segment of the uterus, vagina and perineal tissues are constricted, and the os uteri rigid, gelsemium will

aid much in securing a normal condition of the parts involved. In this condition ten drops of the specific medicine (or a good fluid extract) should be added to five drams of water and one teaspoonful of the dilution taken every ten minutes until the entire quantity has been administered.

"In the treatment of gonorrhoea gelsemium exerts a desirable influence. It subdues the urethral inflammation and prevents chordee. When a medium dose—five to ten drops—is taken at bedtime the patient's rest is seldom disturbed by this unpleasant condition. In spermatorrhoea it induces a remission of the symptoms, and thus prepares the way for other remedies.

"Gelsemium, like other remedies, gives its best results when administered in accordance with well-known specific indications, among which the following are perhaps the most frequently met with: Irritation and determination of blood to the brain; child rolling its head from side to side; sudden movements of the extremities or facial muscles; neuralgia and nervous headache; flushed face, unnaturally bright eyes and contracted pupils, with increased heat of the head; restlessness and indisposition to sleep; urine passed with difficulty and in small quantities, with a sense of irritation of the urinary organs; rigidity of the os uteri, it being thin, sharp and unyielding; sense of constriction in the loins, with tensive or drawing pain seemingly in the spine.

"Gelsemium sempervirens is febrifuge, antispasmodic, alterative, relaxant, nervine, emmenagogue, parturifacient and narcotic.

"The dose of gelsemium is from one to ten drops of the specific medicine (or a good fluid extract), but usually its most desirable influence is obtained by adding from ten to thirty drops of the specific medicine to four ounces of water, and administering one teaspoonful of the dilution every hour."

The Rational Use of Infants' Food.

Under the above caption the *British Journal of Children's Diseases* publishes a very useful and timely article written by Dr. G. A. Sutherland. In substance it is as follows:

The various foods on the market may be classified as: (1) peptonizing powders, with or without starchy matter; (2) dried milk; (3) condensed milk; and (4) starchy foods, non-converted, partially converted, or wholly converted. Of these the starchy foods from their composition cannot be regarded as in any way resembling breast milk or suitable for infants under the age of nine months. If used by medical advice, they are employed only as adjuncts to the proper food. The chief indications for their use are three: (1) vomiting, (2) diarrhea, and (3) wasting.

Vomiting—The physician will try to learn the cause of the vomiting and more especially what is the error in the feeding; but failing to effect a cure, one may try predigested milk. Its nutritive

value is probably less than that of fresh milk; but its "staying down" power in a much harassed stomach is much greater. Similarly, dried milk, either the whole milk or the remainder, after all the cream has been removed, may be tolerated and digested, especially if it is very well diluted. In other cases condensed milk may be successful; no added cream should be used and it should be well diluted to rest the stomach.

Diarrhea—An acute attack frequently necessitates the temporary disuse of cow's milk. As the cause of this trouble is often traceable to impure milk, and the active poison flourishes in that medium, the usual practice is to stop milk entirely. A return to milk food is best made with predigested, dried, or condensed milk. In addition we may add in small quantities one of the starchy foods, if fully converted, as they are unfavorable to the growth of the diarrhea-producing organism.

Wasting—With all the advances made in the treatment of infantile disorders, marasmus still remains as a fatal and puzzling malady. Probably many cases are due to a complete breakdown of the digestive organs from the use of these foods during the first few months of life. The best results are obtained by the use of a peptonizing powder, and if progress is made with full predigestion we should then reduce the peptonizing period to the shortest time possible that is tolerated. By this means we can educate the stomach to do a certain amount of its proper work and allow time for the atrophied cells to recover their function. In such cases also the predigested foods or the converted starchy foods may serve to increase nutrition. The latter may be used along with cow's milk, because they mechanically aid the digestion of the milk and add certain food elements which the disordered stomach can retain and digest.

Whenever any of these "infant's" foods is being used, the degree of dilution must be explicitly stated. When cow's milk is not obtainable, as on board ship, etc., or the milk supply may have fallen under suspicion, good condensed milk is probably the best temporary substitute for a healthy infant. In all cases in which these more or less unnatural foods are being used the following rules are safeguards both of the infant's health and the doctor's reputation: (1) In acute illness a return to natural feeding should be made before the patient is discharged. (2) In chronic illness no "infant's food" should be continued longer than is absolutely necessary. If the infant is apparently thriving well on the food, it will in all probability actually thrive better on a fresh milk diet. (3) In all cases where a predigested or preserved food has been used for more than two weeks, orange or grape juice (half an ounce) in water should be given daily to avoid the risk of scurvy. (4) Under similar circumstances the addition of fresh cream or codliver oil to the diet should be made as soon as possible, because the fatty element is usually deficient in all "infant's foods" (as prepared for use) and is specially necessary and essential. After the age of nine months, the risks attached to their use are not so great. They have no advantages over freshly prepared milk foods, porridge, bread

and milk, puddings, etc. They have the disadvantages that they do not encourage to the same extent the use of the teeth or the development of the gastric functions. At the same time, as long as fresh milk and other natural foods are also employed there is no reason to object to their use.

Scopolamine-Morphine Anesthesia.

Dr. Emory Lanphear, associate editor of the *American Journal of Clinical Medicine*, in an article on anesthesia produced by scopolamine and morphine, gives in substance an interesting article written by Dr. W. C. Abbott, of Chicago, and published originally in the *International Journal of Surgery*, as follows:

"For all practical purposes scopolamine is the same as hyoscine; and emphatically when combined with morphine for purposes of anesthesia should not be associated with atropine—the hypnotic effect of hyoscine being directly antagonized by atropine, though the two drugs are usually regarded as constituting the two chief alkaloids of 'the atropine group.' Hyoscyamine should not be used either—just morphine and hyoscine (scopolamine). A fresh solution should always be prepared, as solutions of scopolamine decompose readily. Small doses raise the vascular pressure, but large doses relax it. It increases secretions generally. Under its influence in full doses the face becomes congested or cyanotic. The caution is given that ether and scopolamine should not be employed simultaneously, since the alkaloid being a vasomotor relaxant, while ether causes pulmonary hyperemia, the combined effect might result in edema of the lungs. This danger does not apply to chloroform.

"Hare advises large doses followed by a small amount of chloroform, the latter being taken without any of the disagreeable symptoms of the early stage or the unpleasant sequels. Abbott calls attention to the fact that some persons display a particular susceptibility to the action of scopolamine. Hayem declares scopolamine to be contra-indicated in heart disease. It is generally believed to be dangerous in the very young and very old and nephritics.

"It possesses some danger. *Medical World* records 14 deaths in 1500 anesthetics (Gurlt—analysis of 300,000 cases—found the mortality from chloroform 1 in 2075; ether 1 in 5112; chloroform and ether combined 1 in 7613; A. C. E. mixture 1 in 3370 and ethyl bromide 1 in 5396.) But it should be remembered that surgeons try new anesthetics in cases where they would not think of using chloroform or ether!

"To produce anesthesia by the scopolamine-morphine method the patient may be given a hypodermic injection of 1-4 gr. morphine and 1-100 gr. hyoscine hydrobromide (or scopolamine.) This is the dose for an adult of average strength who has been ascertained to be free

from disease of the kidneys, the bowels and stomach being empty. This form of anesthesia may be employed where it is evidently safe and presents advantages over the older methods. Meanwhile it is to be seen whether the latest suggestion: intraspinal injection of magnesium solutions may not supersede scopolamine-morphine. It is possible that the effects derived from scopolamine (so-called) are really resultant from the hyoscine therein contained."

In closing his article Dr. Lanphear gives a personal experience which is fully in accord with that of many able and careful observers. The doctor says:

"It is my experience that hydrobromide of hyoscine is absolutely reliable and probably safe; scopolamine is already notoriously unreliable and is certainly not without danger. I would therefore urge the use of hydrobromide of hyoscine of known excellence, free from atropine, instead of scopolamine. In my hands it has given the best of results."

Summer Disorders and Disasters.

The abstracts which follow are taken from a timely article by Prof. Harvey Wickes Felter, editor of the *Eclectic Medical Gleaner*. The article is replete with valuable suggestions, and it is to be regretted that space will not permit its entire reproduction.

The varying conditions of heat and coolness, the ingestion of vegetable and often tainted food, the habit of attempted cooling by means of ice-water and ices, the emanations from noxious plants, and the summer sports play their part in the production of disorders and accidents almost peculiar to this season of the year.

DYSENTERY AND CHOLERA MORBUS.—Leaving out of consideration the commoner diarrhoeal affections incident to the season, let us briefly allude to the prevalence of dysentery and cholera morbus during the varying temperatures of hot days and cool nights. The injudicious use of vegetables in immoderate quantities and in conditions to tax the digestive organs to the utmost must not be overlooked as provoking causes. We are well aware that there are those who would attribute these affections wholly to bacterial origin, but it is a matter of common experience that the ingestion of cucumbers, melons, green beans, radishes and green fruits, etc., are frequently followed by attacks of cholera morbus. The symptoms need not be referred to in detail. The violent vomiting and watery purging, even to exhaustion, and the tendency to cramping of the limbs will serve to lead one from confounding the case of cholera morbus with one of gall-stone or other forms of colic, or other intestinal affections. In dysentery, the tormina and tenesmus, the intense prostration, the voiding of mucoid or mucosanguineous evacuations, with but little feculence, can not well be mistaken for any other trouble. Let us then briefly refer to treatment which has long served Eclectics. Both disorders are serious, both

yield promptly if treated early. The patient with dysentery, if seen early before complications set in, presents indications for three remedies, which fortunately may be given combined, somewhat as follows: \mathcal{R} Magnesium sulphate, \mathfrak{z} j to \mathfrak{z} ij; specific aconite, gtt. v to x; specific ipecac, gtt. x to xx; water (peppermint, clove, or cinnamon water) q. s., \mathfrak{z} iv. Mix. Sig. One teaspoonful every half hour or hour, according to severity of the attack. Indications are sometimes present for specifics dioscorea, echinacea, baptisia, or colocynth, but as a rule the above prescription will be found to cover the indications and to give prompt results.

In cholera morbus prompt action is necessary if we are to save our patient. We have no time to temporize with remedies. External heat, mustard plaster over the epigastrium or a dry mustard rub may assist in the treatment. If vomiting has not been going on to a great extent, the stomach may be quickly emptied by administering lukewarm solution (one pint) of soda (grs. xl.) and salt (grs. xl). This will benefit by washing out the stomach. A hypodermic dose of morphine sulphate (one-quarter grain) should be administered as soon as possible, provided there are no contra-indications. Internally the compound tincture of cajeput, in half-drachm doses frequently repeated, should be employed. The hypodermic should be repeated if necessary, but one or two such doses usually brings the disease promptly under control. Chlorodyne is favored by some to relieve pain, and 10-drop doses may be administered until relief is experienced. We have known a patient to die when he was apparently convalescent, fatal cramps seizing the limbs and passing up over the body when he made the attempt to arise from his bed. This occurred two days after having taken any medicine. Artificial heat and cheering encouragement should not be neglected in the treatment of cholera morbus, and often the use of an ethereal solution of camphor may be required to sustain the patient, or strychnine sulphate in 1-30-grain dose hypodermically may be required to prevent collapse.

FOOD RASHES.—We are all well aware that certain foods, particularly fish and canned meats, as well as some fruits, gives rise to rashes upon the surface of the body. Acute rashes, not the common exanthems, should lead us to carefully examine into the condition of the digestive tract. Strawberries are particularly prone to cause a rash in susceptible individuals. We have found nothing better in such conditions than the salicylate and sulphate of sodium given separately or combined, or more frequently with liberal doses of neutralizing cordial. Urticarial rashes often promptly disappear under this treatment, though sometimes apis or rhus hasten the disappearance of the rashes and correct the disordered state of the stomach and bowels. The latter are selected upon the following indications: Apis, puffiness with itching and stinging, the rash having a watery oedematous appearance and the urine being voided with difficulty, though there is frequent urging to do so. Rhus, by the pointed tongue with elongated papillae, tendency to diarrhoea, and burning pain accompanying the symptoms.

ICE-WATER DYSPEPSIA.—Though a misnomer, this term has been

applied to that form of stomach and bowel trouble incident to the heated term and most generally brought on by drinking large quantities or even small amounts of ice-water hurriedly while in a heated condition. To a lesser degree it comes from indulgence in ices, creams, ice-cream sodas, and similar iced drinks. That condition, frequently found following the ingestion of a glass of cold beer, showing a state bordering closely upon cholera morbus with the breath giving off the foul, sourish odor of stale beer and the tongue looking as if coated with white lead, may properly be brought into this group. Among the best remedies for this condition is *hydrastis* in any of its forms. We prefer colorless *hydrastis* in 10 to 15-drop doses. Not infrequently ginger or capsicum add to their efficiency, especially if there is an inclination to flatulent distension. These, together with use of *ipêcac* or *nux vomica*, according to specific indications, with abstinence from the causes, will generally rectify this condition in a reasonably short time.

RHUS POISONING.—Chief among the summer skin eruptions are those produced by contact with noxious plants, most generally of species of *rhus*, as *rhus toxicodendron*, *rhus venenata*, *rhus pumila*, and *rhus diversiloba*. The eruption, a form of dermatitis *venenata*, is more commonly known as "rhus or ivy poisoning." Rarely we find alcoholic preparations of *rhus* to poison. While most individuals are poisoned by contact with the plant or its juice, others are equally as easily affected by its emanations. This is especially likely to occur on a damp, warm, murky morning. A peculiarity of this form of poisoning is the recurrence of the symptoms year after year, or oftener, without known exposure to the poisonous plants. The smoke from the burning of *rhus* species has occasioned ivy poisoning. The poisonous principle is an oily substance, *toxicodendrol*. This acts upon man as an irritant producing a vesicular, eczematous, or erysipelatoïd inflammation.

Keeping in mind the exposure, when known, the symptoms are sufficiently distinctive to readily allow of diagnosis. So far as the skin lesions are concerned, poisoning from *rhus* differs little whether the person is poisoned from the emanations or by direct contact with the plant—the effect being an acute dermatitis. In a few hours to several days after exposure, the parts become reddened or erythematous, tumefied, or in some instances edematous. In some individuals the parts become enormously swollen, especially the genitalia, anal region, and face, to which the infection is most generally carried by the hands from the parts most frequently primarily affected. We have seen cases in which the face was so badly swollen that the eyelids could not be opened, and the victim had lost all facial resemblance to the human kind. Upon the reddened patches appear a blister surrounded by several smaller vesicles. These are usually filled with a clear watery exudate, which may become yellowish, or even pus may form. In some instances large blebs are produced by the coalescence of the vesicles. The intolerable itching and burning now cause the patient to scratch the parts, thus rupturing the vesicles. This invariably leaves an ugly, raw, weeping sore. The contents of the vesicle transferred to other parts

infect a new area. The inflammation in some respects resembles erysipelas and spreads in much the same manner. Not only is the skin affected in ivy poisoning, but constitutional disturbance is often marked. There is nausea, vomiting, abdominal pains, pain in the back and joints, with elevation of temperature, and sometimes profuse sweating. Diarrhoea is not uncommon, together with increased diuresis, and both have been known to be accompanied with hemorrhage. The trouble is usually at its height in five or six days, but may persist for several weeks, especially if the subject be prone to eczema. In some subjects eczema follows, and the tendency of the affection to reproduce itself must not be forgotten. Free and complete desquamation follows in ordinary cases.

Internal treatment aids in allaying the constitutional discomfort. Specific aconite or veratrum for the fever, and neutralizing cordial to allay the gastro-intestinal irritation. Externally one of the following lotions may be relied upon: (1) Specific lobelia (5j to water 5vij) or the infusion of lobelia, is one of the best. (2) Eclectic wash (zinc sulphate, fluid extract of lobelia, fluid extract of baptisia aa 5j, aqua dest. q. s. Oj. Mix. Filter) used freely in full or half strength. [As an external treatment for rhus poisoning a saturated solution of muriate of ammonia has no superior, and it may be applied freely. If it smarts reduce its strength by adding more water.—F.]

PRICKLY HEAT.—To most individuals prickly heat is but an inconvenience, while in others it is productive of a quite painful inflammation and considerable disturbance of the nervous system. Being a mild inflammation of the sweat ducts the disturbance of secretion is sufficient to account for the pronounced effects found in those very sensitive to it and the unpleasant results are observable mostly in young children and infants. It is not uncommon for it to be associated with or followed by boils in children. The physician should be particularly careful to note the condition of the skin in infants, and by directing clothing according to the weather and the state of the secretions, prevent this seemingly simple annoyance. The irritation of the nervous system resulting from it in infants we believe has much to do with inviting attacks of stomach and bowel disorders. A child should always be kept comfortable—never too warmly clothed—therefore prophylaxis is possible and subsequent sickness may be avoided by attention to the skin. When prickly heat has already occurred the treatment must be sedative to the skin—lotions of boric acid, or best of all, solution of potassium bicarbonate, may be used, followed in some instances by a bland dusting powder, such as the borated talcum powders now on the market. The bowels should not be allowed to become costive.

DOG BITES.—Dog bites are always more alarming than dangerous to the victim. Unless the dog is known to be affected with rabies, the greatest danger, depending upon the locality, character, and extent of the wound, is from infection from decayed meats and other foul substances adhering to the teeth of the animal. When bitten through the

clothing this material is often wiped off and does not enter the wound. If seen soon after the injury the parts should be thoroughly washed with a cleansing solution. The parts (after adjustment and stitching if ragged) are then dressed with a moist dressing as follows: \mathcal{R} Echa-folta $\mathfrak{z}\text{j}$, asepsin grs. xv, solution of carbolic acid gtt. x, distilled water q. s. $\mathfrak{z}\text{iv}$. Apply on gauze compresses.

BEE STINGS.—Ordinarily more painful than dangerous, unless several stings have been received; occasionally the sting of a bee may be fatal; often it produces dangerous collapse with cyanotic symptoms.

In cases of collapse liberal quantities of whisky may be given or lesser quantities hypodermically, or the aromatic spirit of ammonia may be preferable. Nothing gives immediate relief better than a moist application of plastic clay. This, however, is not as antiseptic as some would desire. Full strength echafolta or specific echinacea is all that can be desired, and a combination of distillate of hamamelis and echafolta with ten grains of asepsin will be found agreeable and prompt in promoting the restoration of the parts. We have directed the use of the latter upon bedbug and mosquito bites, first squeezing out the serum which collects in the papules, with gratifying results.

CUTS FROM WIRE AND GLASS.—Just why cuts from wire fence, tin, and fragments of bottles should be so unusually painful has never been satisfactorily explained to us. Of course, the bottle may have contained irritant substances or some ingredient likely to intensify inflammation. At any rate such injuries usually exhibit a disproportionate amount of aching pain. Perhaps the chances for infection are greater and the raggedness of the superficial cuts involving so many nerve terminals has much to do with it. Thorns produce similar painful lesions. Those who have been punctured with thorns of the *Cratægus* family or the honey locust, will readily recall the unusual suffering experienced. Rose thorns, to a less degree, and cactus spines, with their recurrent barbs, inflict painful sores, less painful, however, than the first named. For these cuts, tears, and punctures the following is an exceedingly useful application: Specific calendula, specific baptisia, specific echinacea (or echafolta) aa $\mathfrak{z}\text{j}$; glycerin, distilled water, aa $\mathfrak{z}\text{j}$. Mix. Sig. Apply by means of compress either full strength or diluted with water as required.

Euphorbia.

Euphorbia corollata relieves irritation of mucous surfaces and promotes their functional activity. It improves digestion, both stomachic and intestinal, and tends to overcome constipation and irregularity of the bowels. It is successfully employed in profuse watery vomiting, with elongated and pointed tongue, enteric irritation with tormina, bloody stools with tenesmus, watery diarrhoea, cholera infantum and colliquative diarrhoeas of typhoid fever. The dose of the specific medicine (or a good fluid extract) is from 5 to 15 drops, but it may be prescribed as follows: \mathcal{R} *Euphorbia cor.* gtt. x to xx; water, $\mathfrak{z}\text{iv}$. Teaspoonful every hour.

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Los Angeles in June, 1907. E. H. Stevenson, M.D., president; J. P. Best, M.D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1907. A. E. Broga, M.D., president; E. H. King, M.D., secretary.

Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. D. P. Borden, M.D., president; Pitts Edwin Howes, M.D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth Street. V. Sillo, M.D., president; Charles Lloyd, M.D., secretary.

Kings County Eclectic Medical Society. Meets annually in February. H. Stoesser, M.D., president; M. B. Pearstien, M.D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth Street. H. Harris, M.D., secretary.

Boston District Eclectic Medical Society. Meets the fourth Monday of each month, excepting July and August, at "The Thorndike," Boylston Street. A. W. Forbush, M.D., president; Pitts Edwin Howes, M.D., secretary.

Massachusetts Eclectic Medical Society.

The 46th annual meeting of the Massachusetts Eclectic Medical Society was held at "The Thorndike," Boston, Mass., June 7, 8, 1906.

It was one of the most enjoyable and profitable meetings for many years.

At the business session, held the evening of the 7th, the various reports of officers and committees were heard, all showing a good degree of prosperity.

The second day was devoted to the reading of papers, the oration and the annual dinner.

Granville R. Johnson, M. D., read a short but practical paper upon pneumonia. It was extensively discussed by Drs. Allen, Phillimore, Miles, Ross, Brandaleone, J. Perrins, Howes and Chase.

Augustus L. Chase, M. D., followed with a paper upon "Typhoid Fever," which was listened to with close attention. Drs. Abbott, Ross, Miles, Allen, J. Perrins and Howes participated in the discussion.

After the lunch hour, Joseph A. Denking, M. D., read a very interesting and exhaustive paper upon "Infant Feeding." This was listened to with close attention and the request was made that the paper might be printed. It was promised that the paper would be published in the early fall. It was discussed by Dr. John Perrins.

Nathan L. Allen, M. D., spoke upon "Constipation" and the helpfulness of electricity as an adjunct in its treatment.

The theme of John Perrins, M. D., was "Extra Uterine Pregnancy." It was treated very thoroughly, and Drs. Abbott, Phillimore, Miles and Chase discussed the subject.

C. Edwin Miles, M. D., read a short but very practical paper upon "Scorbutus;" the diagnostic points between this disease and

those with which it is often confounded being very fine. Drs. Pattee and Abbott discussed the paper.

A. Waldo Forbush, M. D., read a very comprehensive paper upon "Ergot," in which he advanced some new ideas for the use of this drug. As the time for the oration had arrived, the discussion on this paper was limited to some remarks by Dr. Abbott.

Lydia Ross, M. D.,—the orator—presented as her theme "Preventive Medicine." She was listened to with close attention and the vote of thanks which followed was hearty in the extreme.

The following officers were elected for the ensuing year:

President—W. A. Earle, M. D.

Vice-President—Granville R. Johnson, M. D.

Corresponding Secretary—Asa L. Pattee, M. D.

Recording Secretary—Pitts Edwin Howes, M. D.

Treasurer—Nathan L. Allen, M. D.

Librarian—John Perrins, M. D.

Councillors—Drs. Miles, Chase, Forbush, Ross and Phillimore.

William H. Russell, M. D.—the anniversary chairman—presided at the dinner which followed. Interesting remarks and reminiscences were made by many of the members present.

PITTS EDWIN HOWES,

Secretary.

Tennessee Eclectic Medical Association.

The twenty-seventh annual meeting of the Tennessee Eclectic Medical Association, held two days, May 29 and 30, 1906, in Philharmonic Hall, Nashville, Tenn.

The program was interesting, and nearly every member present either had a paper or discussed those read. Dr. W. H. Halbert's paper, "Chronic Malaria;" Dr. F. H. Fisk's paper, "Correct Diagnosis;" Dr. M. M. Harvill's paper, "Puerperal Infection;" Dr. W. W. Holmes's paper, "Thoracentesis;" Dr. Geo. M. Hite's paper, "Sp. Black Haw;" Dr. J. P. Harvill's paper, "Sp. Senecio;" Dr. John O. Cummins's paper, "Sp. Pulsatilla;" Dr. A. L. Daniels's paper, "Sp. Helonias;" Dr. F. P. McKeel's paper, "Oxytocics;" and Dr. Benj. L. Simmons's paper, "Pathology and Etiology of Malaria," were among the number of interesting papers read. Dr. F. W. Abbott's report of "Eastern Eclecticism" was an interesting feature of the meeting. It was a matter of regret upon the part of the society that Dr. Abbott could not attend in person.

The elaborate program of rich spreads of delicacies and the nice music and recitations given in honor of the state society by the Nashville Eclectic Medical Association added much to the meeting.

The officers for 1906-7 are: President, Dr. M. M. Harvill, Nashville; first vice-president, Dr. F. P. McKeel, Nashville; second

vice-president, Dr. W. G. McKinney, Milan; recording secretary, Dr. Benj. L. Simmons, Granville; corresponding secretary, Dr. John O. Cummins, Nashville; treasurer, Dr. Geo. M. Hite, Nashville.

Before the society adjourned, Dr. W. H. Halbert moved to request Dr. Benj. L. Simmons to write a book on practice, which was unanimously carried.

The society, after one of the most successful meetings, adjourned to meet in Nashville in 1907.

Benj. L. Simmons, M.D.,
Recording secretary.

American Medical Editors' Association.

The thirty-seventh annual meeting of the society was held at Boston on June 4 under the presidency of Henry Waldo Coe, M.D., of Portland, Ore. In its many years of existence this was the most satisfactory session ever held, not only in point of attendance, but the character of papers presented as well as the many applications received for membership. This association now numbers over one hundred and forty-five members, representing ninety-two of the leading medical journals in America.

Among those elected to membership at this meeting, we were glad to notice the names of several Homeopathic and Eclectic editors.

The officers elected for 1906-07 were as follows: President, James Evelyn Pilsher, M.D., editor, *Journal of the Military Surgeons of the U. S.*; first vice-president, Frank P. Foster, M.D., editor, *New York Medical Journal*; second vice-president, Charles F. Taylor, M.D., Editor, *Medical World*; secretary and treasurer, Joseph MacDonald, Jr., M.D., managing editor, *American Journal of Surgery*, New York.

Book Reviews

Transactions of the American Roentgen Ray Society, sixth annual meeting. Johns Hopkins Hospital, Baltimore, Maryland. September 28, 29 and 30, 1905.

This is a neat volume of about 250 pages with quite a number of very good illustrations. Besides the list of officers and members, constitution, by-laws, minutes, secretary's and treasurer's reports, we find nearly 200 pages of essays and addresses, making all together a very interesting volume.

"*Pocket Manual of Homeopathic Materia Medica*," comprising the characteristic and guiding symptoms of all remedies, by William Boericke, M.D., professor of materia medica and thera-

peutics at the Hahnemann hospital college of San Francisco; author of "A Compend of the Principles of Homeopathy;" associate author of "The Twelve Tissue Remedies," etc., etc. Third edition. Revised and enlarged, with the addition of a repertory by Oscar E. Boericke, A.B., M.D., lecturer on materia medica and sub-clinician of therapeutics at the Hahnemann College of Philadelphia. Published by Boericke & Runyon, New York. 1906. Price \$3.50.

This materia medica and repertory contains a thousand and forty-nine pages, and the indications for a thousand and sixty-one remedies. Although distinctly Homeopathic we recommend it for careful study to our Eclectic brethren, who will find many hints of value in the description of characteristics and cardinal symptoms of the drugs.

"The Eclectic Practice of Medicine." By Rolla L. Thomas, M.D., professor of the principles and practice of medicine in the Eclectic Medical Institute, Cincinnati, O.; ex-president of the National Eclectic Medical Association; consulting physician to the Seton Hospital. Illustrated with two lithographs in colors, six color prints and fifty-seven figures in black. 8vo., 1033 pages. Price: cloth, \$6; sheep, \$7. The Scudder Brothers Company, publishers, No. 1009 Plum street, Cincinnati, O.

This most excellent book received a lengthy notice by Dr. Fyfe in a previous issue of *The Review*. We simply desire to keep the fact before you that Dr. Thomas, who needs no introduction to Eclectic practitioners, has presented us an up-to-date Eclectic practice of medicine. In treating the etiology, pathology and differential diagnosis, the work compares well, and is as complete and exhaustive as most of the recent works on practice. In the treatment lies its particular and special value. Unusual attention is given to the treatment and specific indications. Every student of Eclectic practice needs this volume. It is on sale at the college.

Items

A distinction of no mean degree has been conferred upon an American book, the joint authorship of Drs. J. Madison Taylor and William H. Wells. The revised second edition of their treatise on "Diseases of Children," published by P. Blakiston's Son & Co., of Philadelphia, has been translated into Italian by Dr. Mario Flamini, of the Pediatric Clinic of Rome, with contributions by Prof. Concetti and Dr. Valagussa. The translation has proven very popular abroad, and the occasion is one of felicitation, not only to the authors but to the American medicine generally, inasmuch as the work was chosen as being especially adapted to clinical

teaching in Italy. Few American books have attained such honor. Its success abroad is but a repetition of the favor which it enjoys here.

"It for me," said he; as he continued to sip Heinneman's Catawba.

"Honey" wore the "smile than won't come off" for hours after he returned from sitting under that little cherry tree.

Have you habits? Write to Phebe Snow.

Send for the new catalogue of the Eclectic Medical College of the City of New York.

The Specific Medication Club had a pleasant outing for their July meeting at Coney Island.

Mark the changes in the new catalogue.

Doctor and Mrs. Valdemar Sillo sailed for Europe Saturday, July 14.

The New York delegation enjoyed a "schmier-kase" party while at Put-in-bay.

The seventh annual meeting of the American Roentgen Ray Society will be held August 29, 30 and 31, 1906, at the Cataract and International Hotels, Niagara Falls, N. Y.

Sanmetto in Irritable Conditions of the Urinary Tract, Also in Gonorrhea and Gleet.

Some months ago I gave Sanmetto a trial, since which time I have been a very warm admirer of it, as I find it exactly what it is claimed to be. It acts finely in irritable conditions of the

urinary tract, and also in gonorrhea and gleet. I do honestly wish physicians not acquainted with Sanmetto would give it a fair trial.

Memphis, Tenn.

H. L. HELMS, M. D.

It's a "keen edge" that attends from Oklahoma.

Ohio had a magnificent delegation—but we missed the professor.

The B. B. B.'s had an interesting meeting while at Put-in-bay.

The "Constitution" did its best to sustain the reputation of the Seventeenth street office, and succeeded very well.

See that your patients have a bottle of neutralizing to take to the country with them.

Barnes' Sanitarium at Stamford, Conn., is an ideal place for mental and nervous cases.

The prospects were never better for a fine class. Send to the college for an illustrated catalogue.

In corresponding with advertisers, kindly mention the Review.

Fyfe's Materia Medica and Wilder's History of Medicine, \$3.

Married.—Dr. Alexander Wolf to Miss Helen May, July 8, 1906.

Married.—Dr. Abraham Blaustein to Miss M. Siegel, July 8, 1906.

Doctors Krausi and King are to be congratulated. Mrs. Krausi and son, and Mrs. King and daughter are all doing well.

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

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No. 8.

. Our College.

We have had our entire building repainted. The laboratories and practical anatomy rooms re-arranged for the convenience of our students; and our dispensary staff have all the cases that they can conveniently attend. This will give us plenty of clinical material, so that our practitioners can feel that we have a neat, clean, well equipped institution to receive and teach students. Not so large as many of our city's institutions, but large enough to give a thorough scientific and practical education to 125 students. Our teachers are practical, thoughtful and successful practitioners; devoted to the principles of Eclectic medicine, and take a personal interest in each student. To reiterate: We have a fine school, with good equipment, clinical facilities, and a splendid teaching force. We, therefore, ask the Eclectic practitioners of the east to support this institution, to fill it to its full capacity. Kind words are not sufficient; your students are what we want. We receive very many complimentary letters and occasionally small money donations from Eclectic practitioners, but many of their students go to old school colleges. And the Eclectic preceptor satisfies himself with the thought that the student will take a post-graduate course in an Eclectic college, and then join our societies; but he won't, doctor. Our societies must be recruited from the graduates of Eclectic colleges. Twenty years ago the Eclectic colleges were nothing like as well equipped, but the country practitioner sent them more students, and the reason is plain. Many old school colleges at that time printed in their catalogues that they would not receive the students of Eclectic practitioners; now they angle for them. The demand for good Eclectic graduates is far greater than the supply. We are constantly being called upon for young men to fill good localities. There are at least 100 good openings for our graduates in New York and New England, but from the old school the constant cry of over-crowding is heard.

The reason for this demand for our graduates is plain. We teach therapeutics, direct, specific therapeutics. Our graduate is as capable of making a diagnosis and ascertaining the cause of the disease as your old school graduate and then he goes a step further and relieves by the use of drugs specifically indicated. I do not intend, nor do I mean to, criticize our old school friends; I simply want to call the attention of Eclectic practitioners to what I think is a grave mistake, and to ask them if they believe in Eclectic medicine to support Eclectic colleges.

Hints to Young Doctors.

The young practitioner of medicine should not only become well grounded in intricate subjects, but he should also endeavor to keep in mind all important details connected with the more common wrongs of life. A ready knowledge of such details will many times redound to his credit and often enable him to promptly answer the questions which inquisitive patients and their friends are very sure to ask. Such knowledge will also aid him much in arranging a rational treatment as soon as the ordinary diseases are presented for his consideration.

As the eruptive fevers are the well defined diseases which most frequently demand an early diagnosis, as well as a prognosis satisfactory to the victims of these afflictions and their friends, a brief review of some of the facts connected with them may not prove entirely devoid of interest to the recent graduate.

These diseases are all more or less contagious, and all persons coming in contact with patients suffering from them are liable to contract them. A person having either of the eruptive fevers is usually immune for the remainder of his life, but there are rare exceptions to this rule.

In chicken pox the period of incubation is from ten to sixteen days. There is no well marked prodromal stage, but there may be a slight general indisposition for twenty-four hours before the eruption appears. It is very contagious and the period of contagion lasts about twenty-one days. It becomes contagious as soon as the pustules fill and begin to assume a yellowish or darkish color, and continues contagious as long as any of the pustules remain. The eruption or pustules continue to appear for about ten days after the first eruption makes its appearance.

In measles the period of incubation is seven to fourteen days. It is very contagious from its earliest stage and during the appearance of the eruption. Many authors claim that this disease ceases to be contagious as soon as the eruption is fully established, but it is wise to guard against exposure until the eruption has entirely disappeared.

In scarlet fever the period of incubation is usually from three to twelve days, but cases are on record in which it lasted but one day, and other cases have been reported in which the disease has occurred several

weeks after exposure. The period of contagion lasts from the time disquamation begins until the last flake of the cuticle has disappeared, the patient and everything in the room, as well as the room itself, have been thoroughly washed and disinfected. Many authors believe it to be contagious from the period of invasion until health is fully restored.

In smallpox the period of incubation is usually about ten days, but it varies from five to twenty days. The period of contagion lasts from the time the pustules are filled with pus until the last scab has disappeared. It is conveyed by means of the pus with which the pustules are filled. Many authors claim that this disease is not contagious until about the fourth day after the eruption has appeared. Smallpox is always produced by the same cause—a specific virus generated in the human body during the progress of the disease.

The eruptive fevers—like all other diseases—should always be treated in accordance with the specific indications for remedies manifested in each case.

J. W. F.

Medical Advertising.

An interesting editorial which appeared in the last issue of the REVIEW under the caption of "Physicians vs. Publicity," contained the following words:

"Publicity [advertising] to-day is practiced almost entirely by those whom the medical profession at large denominate as quacks."

The above paragraph very concisely presents the light in which medical advertising is justly regarded by reputable physicians. In this quotation we have the whole subject in a nutshell. The medical profession "denominate as quacks" all advertising doctors for the simple reason that they are quacks, and their advertising is a result of their being quacks. Were they not untruthful they would have nothing to advertise. I do not, of course, include in this statement the physician who devotes himself exclusively to the work of one of the recognized special departments of medicine or surgery, and *simply says so* to the public. This he should have the right to do, provided he confines himself to a *plain statement* of the fact. But what can a general practitioner of medicine truthfully say in an advertisement? The public is already aware of the fact that he treats to the best of his ability all of the ordinary wrongs of life. Possibly he may think that he can do this work better than any of his brother practitioners can, but one's opinion of his own ability is not always the correct opinion.

The subject of medical advertising was fairly well thrashed out many years ago, and it was found that it could not be utilized for the simple reason that the practice of medicine is constructed along lines which cannot be commercialized with any degree of decency. I have a very vivid recollection of the old time advertising doctor. His newspaper advertisements were disgusting, and his circulars were so damp with filth that one could not even start a fire with them.

J. W. F.

Announcement of Cancer and Other Cures.

The announcement of cures for cancer, consumption, etc., in the lay press has a baneful influence on the sufferer whose hopes are raised for cure, only to be rudely shattered—And it also places the profession in an awkward position. In the "Evening Sun," of August 3, appeared the following just, plain, common sense statement on the new cancer cure:

PREMATURE TALK ABOUT A CANCER CURE.

It is apparent that Dr. John Beard is himself responsible for the amazing account of his experiments published in the current issue of "McClure's Magazine." The author, Dr. C. W. Saleeby, explains that, as "Dr. Beard is naturally far too busy with his work for him to assume the labor of publishing his results broadcast," so it was "by his wish" that the task was undertaken; and from a footnote we learn that the paper "has been corrected and approved by Dr. Beard himself."

This distinguished investigator holds in common with many others, that cancers are caused, not by invasion of parasites or bacteria, but by cell proliferation; it is his belief, moreover, that in every case the parent-cell has always been present in the subject and that the development of a malignant tumor simply signifies conditions, at present unknown, which enable it to multiply. The treatment of cancer by the pancreatic ferments, with which Dr. Beard's name is chiefly associated, is founded on certain facts in embryology into which we have no space to enter here. Suffice it that as in the development of some animals certain larval structures have been observed which degenerate upon the beginning of pancreatic digestion, namely, at what Dr. Beard calls the "critical period" of foetal life, so the pancreatic treatment consists in the introduction, as it were, of an artificial "critical period" to cause the destruction of the aberrant germ-cells, which, according to his teaching, constitute, or bring about the condition known as cancer. The pancreatic ferment, trypsin, is, in short, supposed to digest the superfluous and misplaced cells.

Of Dr. Saleeby's account of the whole matter we need only to say that it is characteristically clear and interesting and seeing it was revised by Dr. Beard, we may assume that the facts concerning the experiments and so forth are perfectly accurate. In its technical details we are, of course, not qualified, to judge the work either of the learned embryologist or of his interpreter, but as to the general conclusions we do not hesitate to affirm that they are premature and altogether unjustifiable in the form in which they are here presented. Indeed, among many instances of overhasty announcements of "cures" in the last few years we

cannot recall one more flagrant on the face of it than this. There was a time when Dr. Saleeby used to show a certain reserve in dealing with matter of this kind. We do not know if the pressure of popularity has made him reckless, but certainly there is not a trace of the old scientific caution in his predictions about trypsin, considering the very slight grounds on which those predictions are based.

What astonishes us chiefly, however, is the evident satisfaction of Dr. Beard with this extraordinary announcement of his feats in a popular magazine. We are told that he has bravely decided "to take his chance," although "if he be wrong, such an article as this can only injure him;" but much as we admire his hardihood we would ask with proper deference if he or his press agent has duly considered the chances of the trusting public, and the possible injury done to them in announcing a cure for a "disease causing more than one in forty of all deaths?" Every one remembers the outcry that followed upon Dr. Koch's announcement of the wonders worked by his lymph and afterwards by the somewhat dogmatic declaration that bovine tuberculosis could not by any means be transmitted to man. Yet these opinions were expressed not in journals intended for general readers, but in the presence of scientific societies, and the publication, mischievous as it proved to be, may in a sense be called accidental, and was counteracted to some extent, in the latter instance at least, by the immediate protests of various colleagues. Besides, the ground upon which these opinions were based was apparently much more solid than in the case of Dr. Beard's treatment of cancer.

Let us for a moment consider his case, setting aside theoretical or hypothetical conjecture. Let us consider the evidence upon which Dr. Saleeby, his messenger, alleges that "it would be cruel and cowardly to refrain" from declaring the discovery of a positive cure for all malignant growths. For, setting aside the possibility of miraculous intervention, "I am now," says Dr. Saleeby, "privileged to describe a number of facts our knowledge of which not merely marks an epoch in embryology, but promises to put an end forever to what is perhaps the most appalling of all the ills that flesh is heir to." And what are these facts? Among the human cases, the first is one, "inoperable," in which "the growth was visible and evidently full of vitality." The patient at the time Dr. Saleeby's report was written was "apparently on the high road to recovery." that was "two days less than four weeks" after the first treatment by trypsin. Dr. Saleeby confesses he has had "small experience," but declares this "the most amazing thing he has ever seen. But, however, it is not the only amazing thing he has ever heard of, for "similar reports," he goes on to say, have been made by "several practising physicians." He gives no par-

ticulars save that in one of these cases "the patient is apparently making a rapid recovery" after six weeks' treatment, and, as far as expectations go, "in a few weeks no more signs of the tumor will be discoverable." For the rest two mice inoculated with tissue from the Jansen mouse-tumor showed marked improvement. One of them after four injections unfortunately died from some unknown cause, but the autopsy showed it "to be quite healthy," apart from the morbid growth, which contained nothing but degenerate cells; the other was killed after twenty-two days' treatment, and a microscopical examination convinced Dr. Beard that "the tumor would have in all probability been absorbed shortly or its remains cast out." These experiments, Dr. Saleeby tells us, "are now, of course, being repeated," but actually it is on these that his belief in an infallible cure of cancer is based.

If in the history of medical research there is a single example of rash precipitation to equal this of Dr. Beard's we have not heard of it. Of Dr. Beard's, we say, for we have cited the cases of the mice in addition to Dr. Saleeby's cases, and "his practical experience and authority," says Dr. Saleeby, "are superior to mine by only the measure of two mice." And it is upon Dr. Beard's consent—"by his wish"—that these facts and fancies are published in a popular print together with conclusions which experimentally are no more valid than the conclusions, say, of the advocates of treatment by the infusion of violet leaves. Some months ago a physician of good standing related before the Royal Medical and Chirurgical Society the curious history of several cases of cancer seemingly benefited by the violet-leaf treatment, yet he did not venture to draw hurried conclusions. As to mice, the latest investigations of Prof. Ehrlich, of the Frankfort Institute for Experimental Therapeutics, seem to show that repeated inoculations from growths of low virulence render the subject immune to carcinoma and sarcoma, yet we are not aware that Dr. Ehrlich has dared to talk of a cure for cancer.

That Dr. Beard should be profoundly impressed by the results of his researches is no doubt natural; that so sanguine a student as Dr. Saleeby should be excited even to enthusiasm was perhaps to be expected. Yet for some time investigation on these embryological lines has been conducted silently in other places, not only in Europe, but in this country, and trypsin has been tried without appeal to popular judgment, without any rash promises to sufferers from malignant disease. We sincerely hope that this recent surprising exhibition of recklessness will be justified in the event; for the present, however, we can only look upon it as deplorable and under the circumstances altogether unwarranted.

Original Articles

Extra-Uterine Pregnancy.*

BY JOHN PERRINS, M. D.

* Read at the meeting of the Massachusetts Eclectic Medical Society June 8, 1906.

In calling your attention to the subject of extra-uterine pregnancy, I desire to say it is a subject we have heard as little of as any in the whole range of medicine and surgery. It was for the purpose of a more thorough study of this subject that I selected it for my essay at this time. If, in addition to this, I succeed in awakening an interest in some of you, sufficient to induce you to give it the investigation it deserves, I shall have accomplished my object.

I wish to say at the outset that I have mainly consulted the prize essay by John Strahan, M.D., of the Royal University of Ireland, and would advise all who wish to study the subject further to procure and study that work.

I learn from this author that the earlier writers on this subject are not to be relied upon, that for one reason or another they were wholly mistaken.

It is the belief of modern authors that all cases of extra-uterine pregnancy are primarily tubular, in contradistinction to ovarian, as it is now known that spermatozoa normally do not penetrate to the ovary.

That sometime within fourteen weeks from conception in every case the tube ruptures and the ovum escapes, either into the abdominal cavity, constituting intra-peritoneal gestation, which always terminates fatally unless relieved by abdominal section, or into the broad ligament, constituting extra-peritoneal gestation, in which case the fetus may be carried to full term and be removed as a living child; or it may die, and be absorbed; or it may die, and the suppurating mass may be discharged through the abdominal wall at or near the umbilicus, or through the bladder, vagina, or intestinal tract, or may remain quiescent as a lithopaedion; or by a second rupture it may become abdominal or intra-peritoneal. All modern writers appear to agree with this author, that all cases are tubal at first. The important point is, that according to the implantation of the placenta in the tube is the direction of the rupture. That if the rupture happens in the free part of the tube, which is about three-fourths of its circumference, the bleeding is into the peritoneum, constituting intra-peritoneal hæmatocele, which is invariably fatal unless the abdomen be opened, the fetus and blood removed and the bleeding stopped. But if the rupture should take place in that fourth of the circumference of the tube which corre-

sponds to the folds of peritoneum constituting the broad ligament, then the fetus and blood escape into the substance of the broad ligament: in which case the bleeding is restrained by the compressive power of the adhering folds of the ligament, so may not be fatal, and the fetus may go on developing, as before stated, until full term, such cases constituting extra-peritoneal hæmatocele. These may be removed by laparotomy, without opening or even touching the peritoneum. The diagnosis of extra-uterine pregnancy, before rupture has taken place, is practically impossible, even if we had the opportunity, which seldom, if ever, is the case. But we should be prompt to recognize the possibility of such being the case, if our patient is suddenly seized with abdominal pains followed by collapse. This, we should always bear in mind, means, sooner or later, death, unless, as I have before stated, it is relieved by an operation. If we do not see the patient until after the primary rupture has taken place, we may find it no easy task to differentiate between uterine and extra-uterine pregnancy. Some of the symptoms of extra-uterine pregnancy are said to be the shortening and softening of the cervix uteri, as in normal or uterine pregnancy, but do not proceed so far. One feature of the abnormal case is that the cervix very soon becomes open and remains so; in most cases it will admit the finger, although it cannot be passed through the internal os. It has been stated as a rule that erratic pregnancy is found to occur during a prolonged sterile period, following a first confinement; that part of the history is of the greatest importance and should not be overlooked. What we want above all things is to have the possibility of extra-uterine pregnancy present in our mind. A rounded, elastic semifluctuant, tender tumor, behind and to one side of a slightly enlarged and laterally displaced uterus, if found to be rapidly increasing under circumstances which permit the possibility of extra-uterine pregnancy, could hardly be mistaken for anything else. The ordinary signs of pregnancy being present, there are two signs which call for special attention. These are, first, pain more or less acute in the pelvic region, of a spasmodic character; secondly, more or less hemorrhagic discharge from the uterus and vagina. These are signs of abortion; it may be intra-uterine—but they call for special pelvic examination. It has been suggested that we should dilate the cervix and ascertain the presence or absence of the decidua. But should it prove to be an intra-uterine pregnancy, we would be likely to produce an abortion. If we find the uterus not to be in the middle line, as in a normal case, but pushed to one side, and on the opposite side an extra-uterine swelling of an ovoid shape. The uterus not as large as we would expect at the supposed period of gestation. If these conditions had developed in a short time and the patient had been free from pelvic distress previously, we should at least be suspicious of the possibility of extra-uterine gestation, and would call for special watch-

fulness on our part for further developments. One of, if not the greatest, difficulties we have to deal with is the diagnosing a case of extra-uterine gestation before rupture of the tube has taken place. Some authorities claim that it can easily be done, while others, chief of whom may be mentioned the celebrated Dr. Lawson Tait, whose experience is probably greater than that of any other man, affirm that it is next to impossible. What we should always remember is the possibility of extra-uterine gestation whenever we encounter a pelvic tumor in a woman who is within the fruitful age. If we keep the possibility before our minds and remember that there may be no other symptom but tumor we shall probably diagnose more cases in the future than we have in the past. At any rate, we will be less liable to fail to recognize any real case it may be our fortune to see.

In summing up, although we are seldom given the opportunity to diagnose a case before the rupture of the tube takes place, we may accept the statement of Tait as probably correct, in saying that were opportunity given we should fail fifty times for once that we could be certain.

Boston, Mass.

A Few Anti-Malarial Compounds.

BY JOHN ALBERT BURNETT.

Many physicians do not believe in compounds, but when it comes to a "show down" they all use them, as no single remedy takes their place. The following are a few anti-malarial compounds which will prove to be of much value to all physicians who practice in malarial districts, and no single remedy can take their place.

One among the most reliable antiperiodics that I have ever used is

R.—Specific gentiana
 Specific hydrastis..... aa. ʒiv.
 Specific cascara..... ʒii.
 Salicin gr. xx.
 Tinct. myrrh comp..... ʒi.
 Simple syrup..... ʒviii.

M. Sig.: To keep a chill off give a drachm every hour until six, eight or ten doses are taken, beginning so the last dose will come one or two hours before the chill is due. At other times give a drachm every three hours.

This prescription will surprise any one that has never used it. It is a substitute for quinine in malaria, a thing many physicians have been looking for, especially for some cases. It is well tolerated by the stomach and has none of the untoward action that quinine has, such as producing a rash, headache, nervousness, etc.

A good compound for those who wish to use quinine and one that is far better than quinine alone, is

R.—Quinine	gr. 72.
Acetanilide	gr. 48
Pulv. capsicum.....	gr. 24
Caffeine	gr. 12

M. Sig.: Divide into 24 powders. To keep a chill off, give one powder every two hours until four or five doses are taken, beginning so the last dose will come one or two hours before the chill is due. At other times give a powder every three or four hours.

The acetanilide in this compound makes the action of the quinine much quicker and prevents most of its untoward effect. The late Dr. Ben. H. Brodnax used 5 or 6 grains of acetanilide 20 minutes before chill time to keep a chill off. He usually combined it with a small amount of piperin. The capsicum not only makes the action of quinine quicker, but increases its antiperiodic action. It has been used alone to keep off congestive chills. The caffeine overcomes the depressing effect produced by the acetanilide and keeps up the action of the heart. It has been used alone to prevent chills and is a valuable adjunct to other remedies for this condition.

In sub-acute and chronic forms of malaria the following will be of value:

R.—Arsenic	gr. i.
Ext. nux. vomica.....	gr. v.
Powd. aloes.....	
Iron sulphate.....aa.	gr. xx.
Quinine	5i.

M. Sig. Divide into 24 powders and take one every 4 hours until two chills are missed and then three times a day.

Another good remedy in subacute and chronic malaria is as follows:

R.—Powdered alstronia	3iv
Berberine muriate	3ij

M. Sig. Dose $2\frac{1}{2}$ grains.

To keep a chill off give four or five doses 2 hours apart, beginning so the last dose will come about two hours before the chill is due. At other times give $2\frac{1}{2}$ grains every three hours.

In chronic malaria with enlargement of the spleen and liver a good antiperiodic is as follows:

R.—Elixir potassa bromide	3iij
Fld. ext. grindelia squarrosa	
Specific cinchona	aa. 3ss

M. Sig. Dose one drachm every three hours.

Another good remedy in chronic malaria is:

℞—Iron ferrocyanide gr. xxx
Powdered alstronia
Powdered hydrastis aa. gr. ij

M. Sig. This is one dose to be repeated three times a day.

The liver should be kept active when using antiperiodics, and for this purpose the following will prove to be of great value:

℞—Specific chionanthus ʒj
Specific euonymus ʒss

M. Sig. Dose 5 to 15 drops three or four times a day.

Dean Spring, Ark.

Intra Uterine Medication.

BY C. WOODWARD, M.D.

While treating a woman for endometritis, her mother, age forty-seven, desired me to make an examination of her right breast which she told me was affected with a cancer, as diagnosed by the physicians of a certain sanitarium, and who had been treating it with X-rays for eight weeks with only slight improvement.

The superior half of the breast was twice its normal size and very much indurated; the inferior half soft and extremely atrophied, having caused the nipple to fall down and appear retracted; pulse 100; a moist and relaxed skin and anaemia of the blood; hypersecretion and hyperesthesia of the bowels. She was questioned as to any possible injury to the breast, whereupon she affirmed that she was aware of none. She had persistently used cathartics for more than ten years. It may be possible that the intestinal irritation from hypersecretion, caused by the constant use of physics, resulted in the condition of her breast by reflex action. And yet, as there had been some intermissions of menstruation, an examination of the uterus disclosed it to be filled with decomposing substances, which demonstrated that she was suffering from the effects of the menopause. I refused to treat her while being attended by others, but she begged that if I could control the poisonous absorptions and irritations of her bowels and uterus to do so, as she was growing weaker.

Having obtained her assurance that she would continue with the X-ray treatments, I prescribed the following mild, stimulating and antiseptic laxative for her bowels:

℞.—Sulpho-carbolate of sodium..... ʒiii.
Infusion of alex. senna..... ʒii.
Glycerine ʒss.
Dis. hamamelis ʒss.
Rye whiskey ʒi.

Misce. Signa: One teaspoonful in a glass of cold water, to be taken before meals.

All decomposing substances were removed from her uterus by swabbing and antiseptic cleansing twice a week. This treatment inhibited the auto-intoxication that was occurring in the bowels and uterus, controlled the irritations and reflex actions and resulted in a decided improvement of her health. It then became apparent, from day to day, that there was less pain in her breast and that it decreased in size more rapidly from the effect of the X-rays than before. There can be no doubt but that the diseased condition of her breast was due to reflex actions caused by intra uterine and intestinal irritations. After having treated all uterine diseases by this method for twenty-five years I find nearly every month, through cleansing out the uterus, that it has controlled some new reflex action that was never supposed to have been caused by intra uterine irritation. It is a humiliating reflection to think of the known and still unknown reflex actions caused by intra uterine irritations which women have had to endure for ages when such a simple method of relief as intra uterine medication lies within the grasp of every physician.

Chicago, Ill.

Spasm of the Esophagus and Stomach.

BY CHAS. LLOYD, M.D.

*Read at the meeting of the Eclectic Medical Society of the State of New York

Spasm of the esophagus is met with less frequently than spasm of the stomach. It is frequently produced by or associated with dyspepsia, by poison often, worms, toxins, gout, hysteria, pressure on the vagus nerve, by the growth of tumors, reflex irritation, epilepsy, chorea and hydrophobia. Where the diagnosis is uncertain as to the dysphagia being spasmodic or organic, such as stricture, etc., it may be necessary to confirm this by the passage of a tube, which may be temporarily arrested at the site of the spasm, but after a moment of waiting will slip past the apparent obstruction.

The spasm may occur at any point along the esophageal tube, but it more frequently takes place in the upper portion, and cardiac end, when accompanied with pain, it is of the most intense character. The patient sometimes becomes so excitable and restless that it is difficult to restrain him from doing mischief. In the milder cases there will be a gnawing or burning sensation or one of a drawing and tearing kind of pain as from some acrid substance in the tube during the intervals of spasm.

In those cases where the spasm and pain are located in the cardiac portion of the esophagus, it may simulate angina pectoris.

Differential diagnosis.—In addition to the cardiac pain of the latter, there are evidences of arteriosclerosis or aortic valvular lesions, and the seizures occur in men over forty years of age. The face is pale, or ashy gray, and the face is often covered with large drops of cold perspiration, there may be dyspnoea, sometimes associated with wheezing, or asthmatic breathing, and the arterial tension may be increased. The

patient may be somewhat restless, but more commonly holds himself quiet and passive in fearful expectation of what may happen.

For the immediate relief of the spasm and pain no remedy in my experience has acted so promptly and sure as the saturated tincture of the seeds of *lobelia inflata*. In the adult nothing less than ten drops to twenty is a dose every fifteen to thirty minutes, without water, slowly given, it may be mixed with a little glycerine or syrup, if at hand, until relief is obtained. If there is distention of the stomach with gas accompanying the spasm, especially if the mucous membranes are pale, be sure and give bicarbonate of soda in a little water before the first dose of *lobelia* is given, and between subsequent doses if necessary. After relief of the spasm is obtained, and there is a tendency to mild recurrence, give from one to two drops of *lobelia* in a little mucilage between each meal, gradually decreasing the dose; then regulate whatever may be the cause of the spasm.

The next remedy of importance, where there are no contra indications, is gelsemium, thirty drops of the simple tincture 10 per cent., ten drops of the specific tincture or fluid extract, every fifteen minutes in severe cases, slowly given until relieved.

The next remedy is *viburnum opulus* and *viburnum prunifolium*. The specific tincture or fluid extract dose half to one drachm, to be given the same as the preceding remedies. The next in order are chloroform and nitrate of amyl inhalations. Libradol may be applied along the seat of trouble, and cupping between the shoulders will aid in the treatment.

In spasm of the stomach either the cardiac or pyloric ends, or both, may be affected, usually where both are contracted simultaneously, the stomach is full of gas, and the abdomen is distended, the pain is usually sudden and severe and is differentiated from gastralgia by the attack coming on in the latter more frequently when the stomach is empty; pressure and the taking of food afford relief, and often symptoms of nervous dyspepsia may be discovered, and neuralgias in other parts of the body.

The diagnosis of severe attacks of spasm of the stomach in gouty cases, from those of an inflammatory origin, is one of considerable obscurity, as the intense depression often masks to some degree the inflammatory symptoms. The chief symptoms which should create suspicion are febrile disturbance, a loaded tongue, tenderness on pressure at the epigastric region and burning or heat in the stomach, as distinguished from the cramp-like pains which usually mark the attacks of a more spasmodic form.

The treatment is the same as that related for spasm of the esophagus, for its immediate relief the cause which produced the attacks must be discovered later before any line of treatment can be pursued looking to a permanent cure.

Brooklyn, N. Y.

Cystin.

BY MAX MEYER, M. D.

*Read at the meeting of the Eclectic Medical Society of the State of New York.

A very rare sediment of the urine is cystin, which appears under the microscope as hexagonal plates with high refraction. It is an amido-acid, having the formula, $C_3 H_6 NO_2$, and contains 6% of sulphur. The crystals can be readily differentiated from uric acid by hydrochloric acid, which dissolves them, leaving uric acid unchanged. Acetic acid dissolves triple phosphates, but leaves cystin unaltered. The crystals of iodoform can be confounded with cystin, but the size of the latter will leave no doubt.

The cause of cystinuria is obscure. For years no symptom can be detected pointing to the presence of this acid, except a slight irritation of the urinary tract. Several members of the same family might be affected, and it has been observed in some cases of liver disease and articular rheumatism.

New York City. _____

Cancer.—A Review of the Theory and Treatment of It During the Past Century.*

BY G. W. BOSKOWITZ, M. D.

* Read at the meeting of the Eclectic Medical Society of the City and County of New York.

Varied indeed have been both the theories and proposed treatment of this dreaded disease. And it is peculiar, as we scan the literature, to note that nearly every decade has hailed a new theory and a positive treatment which is to supplant its predecessor and is usually quite opposite in theory, etc.; in fact, though the change takes place as above spoken of, the theory is not always new. The author simply expresses an old idea in new or different language, not a new thought, simply more confusion and newly coined words.

Excepting tuberculosis, no subject in medicine has been the subject of more research and investigation than cancer, and as you follow me in this review you will see that we seem to travel in a perfect circle. I desire in this essay to employ the term cancer or carcinoma in the popular sense as signifying every malignant form of neoplasm and not to confine the term to malignant neoplasms simply of epithelial origin. The works of Hippocrates prove that the men of his time were acquainted with the cardinal features of cancerous and other tumors. They believed them to be accumulations of one or other of the various humors, each of which generated its corresponding kind of tumor. This theory continued in vogue until after the discovery of the circulation of the blood, early in the 17th century, when in place of the humors the blood was now regarded as the true source of the disease by such men as Malpighi, Leeuwenhock and others. Then we run along

until early in the 18th century; the Cartesians, with Boerhaave at their head, ascribed the origin of cancer to the newly discovered lymph; cancer they regarded as the outcome of vitiated, depraved or degenerated lymph.

The theories just mentioned continued to hold the field until Hunter's time. Hunter studied the nature of tumors, recognized their affinities with the normal tissues, and maintained that they arose by a modification of the formative process.

Early in the 19th century this theory was combated by one named Broussais, who enunciated a very simple doctrine and at once had many followers. He declared that all tumors, including cancers, were but forms of chronic inflammation consequent on organic irritation.

Shortly after this time we find that the use of that great instrument that has so altered, changed, and many times given us positive light in complicated subjects, began to be used. The microscope—and to this instrument and its revelations we are indebted for the two great doctrines of modern medical science: The cell theory and the germ theory. It was in 1838 that Müller published his important work on the origin of tumors, in which he described the cellular nature of cancer and other neoplasms. W. Roger Williams, of Bristol, England, says Müller believed that the constituent cells of tumors were derived from a formative fluid exuded from the blood; this was nothing but the coagulable lymph of Hunter under another name.

In 1858 Virchow gave us his cell theory—"Where a cell arises there a cell must have, previously existed, just as an animal can only spring from an animal and a plant only from a plant." This was really the basis of Virchow's theory. For years the cellular origin of cancer, or really a modification of pre-existing cellular conditions as the cause of cancer, was the generally accepted belief. The question which was disturbing the profession at this particular time and which was receiving a great deal of attention was whether it was a transmissible disease, and as to the question of its contagion, and this brings us almost to the present day with the search for a microbic origin, a special bacillus or a parasite—which is all so familiar to all of you that I need simply to refer to it. Before taking up the treatment in review I would like to call your attention to one other point which seems to have traveled in a circle. In the early days it was the accepted theory that all malignant disease was constitutional and hereditary—that black bile contaminated the system, producing cancer and other humors in the blood. Yet, as early as 1757, Le Drau opposed this theory and published a work in which he showed the purely local condition of cancer in the beginning and then formulated certain methods of cauterization. This certainly

sounds familiar to all students of this subject. Volumes have been written during the last fifty years to prove both sides of this question, great authorities asserting with equal positiveness and citing numberless examples to prove their particular theories.

It is also interesting, in looking over the voluminous reports of the researches of the societies endowed by the charitable in both this country and abroad, that secret nostrums were bought and sold a century ago the same as at the present time. The formula of one of these secret preparations, which, after many years' use as a patent medicine, was finally given to the profession, contains as one of its ingredients arsenious acid, which is used so largely today by many of the so-called cancer specialists. Let me give you the formula: Cinnabar, 2 parts; ashes of old burnt shoes, 3 parts; dragon's blood and white arsenic, 12 parts.

I shall in the review of the treatment simply mention the mode in use, without going into much detail of that which is not useful to-day, but I desire to introduce the subject of treatment with the statement which Thiersch quotes from Dupargue and which has been used many times in modified form in recent years. Dupargue is quoted as saying in regard to the treatment of cancer the following: "Cancer is incurable because it cannot be cured. The reason we cannot cure it is because it is incurable; therefore, if one by chance should happen to cure it, it must be that there was no cancer." Have we not, every one of us, heard expressions similar and containing the same amount of reasoning in discussions of the subject at the present day?

The perfect cycle through which the treatment of these conditions has passed is easily shown. Caustics in one form or another, and the use of the hot iron, together with remedies to destroy the poisonous humors in the blood, was the ancient treatment, and is to-day really the treatment that is being followed in but a modified form by your most successful cancer specialists. The same caustics may not be used, and we have better methods of removing the gross mass than the hot iron, but after all the principle governing the treatment is still the same.

Do we not give the best hygiene to the system generally with alteratives and tonics, and locally remove all the tissue that we find diseased with knife or cautery, followed by the application of caustics? It would be tiresome and of little interest for me to mention the various drugs that have been used internally and locally in the treatment of cancer. These remedies have been in favor for a time, but ultimately prove useless.

In regard to the toxins, let me quote from one of the great authorities, who, after careful investigation and trial, speaks of them as follows:

More recently Dr. Coley, of New York, has suggested a method

of treating malignant tumors by injecting them with toxins. Coley first used a filtered toxin of the streptococcus erysipelatis, to which in later experiments he added the toxin of the bacillus prodigiosus. At the present time he uses a mixed unfiltered toxin of the streptococcus erysipelatis and bacillus prodigiosus. Toxins prepared after one or other of these forms have been tested now for three years by its enthusiastic promoter, as well as many other experimenters, notably Czerny, of Germany. No report of a cure of a case of carcinoma by this method has yet been made, though a stay of growth and even a temporary diminution in the size of the tumor have been reported. The use of cancer serum, together with the toxin of the streptococcus erysipelatis, as suggested by Emmerich and Zimmerman, is still too recent to make any statement of its possible value. Thus far, it must be confessed, the results obtained are very unsatisfactory. And this brings us to the X-ray, radium, argon and helium. True, the X-ray can be thanked for a relief of the excruciating pain and the possible cure of the skin cancer (epithelioma). and when we give it credit for these we have said all that has really been proven of its use. Radium and the gases are still in their infancy, have not been tried long enough, and although we occasionally hear of the wonderful cures they are producing, the proofs are very meagre. Before closing this paper, I want to give you a little Eclectic history in the treatment of cancer. Before our civil war, R. S. Newton, then of Cincinnati, was one of the few surgeons in America who taught that cancer was a local disease per se, and not a hereditary disease; that it could be cured if taken in its early stages. He advocated the complete and thorough removal, not by extirpation, but by complete amputation and removal of all surrounding diseased tissue, after which he applied to the base the salts of zinc sulphate and occasionally the chloride. He was called a quack and a cancer charlatan by the men in the dominant school, who at that time did not believe in the curability of cancer at any stage. But it is a fact that within one year after the death of Dr. Newton there appeared an article in the Philadelphia Medical Journal by no less an authority than Prof. Samuel D. Gross, with the following heading: "Cancer of the breast cured," in which the author described his new operation for the removal of the entire breast in place of extirpation, and the use of the zinc salts to reach the parts beyond the reach of the knife. Since then we have had what is called the Wyeth operation, Halstead's operation, and very recently Willie Meyer describes an operation which is but a simple modification of that introduced by our own Newton.

New York City.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

The First Row in My Medicine Case.

NO. VIII. IPECACUANHA.

The wrongs of life in which irritation constitutes a prominent feature are the conditions likely to be curatively influenced by the therapeutic power of ipecac. It therefore covers an extensive field of activity.

The specific action of ipecac is most markedly manifested in acute diseases characterized by hypersecretion, capillary engorgement and hyperemia. In very small doses it stimulates the circulatory system, and through this influence acts as a sedative. Its action on the circulation is made evident by its restraining effects in hemorrhages and acute diseases of the respiratory organs, stomach and bowels.

In capillary bronchitis, acute bronchitis and pneumonia ipecac is a frequently needed medicament, and is especially useful in the treatment of children. It here relieves irritation and diminishes excessive expectoration. In hoarseness, congestion of the vocal cords and bronchopulmonary congestion from colds it is a useful remedy. It should always constitute a part of the earliest treatment in cholera infantum, if there are small and frequent mucous discharges, but where the stools are large and watery its influence is less marked. In gastric irritation, nausea and vomiting, when the condition is not caused by organic lesions, this remedial agent can be exhibited with confidence that it will act in a curative direction. It is also one of our most efficient drugs in mucous diarrhoea, and in dysentery it is of great value, and especially when combined with aconite and magnesium sulphate. In the diarrhoea of teething children it often constitutes the only needed treatment.

Hemorrhages from the lungs and nose are many times speedily controlled by nauseant doses of ipecac. Passive hemorrhage from the stomach often yields to minute doses of this drug after all other remedies of reputed value have failed to make the least impression on the alarming condition.

Ipecac in small doses is a stimulant, tonic and alterative. In doses of from ten to thirty drops of the specific medicine (or a good fluid extract) it is one of the most valuable specific emetics. That is, it is among the most valuable of that class of emetics which produce emesis when introduced into the circulation from any part of the system. Its mild action makes it especially useful in the treatment of children. As

an emetic the dose should be given in warm water and repeated every ten to thirty minutes until the desired result is obtained.

Among the specific indications for ipecac the following are perhaps most frequently seen: Irritation of the stomach, large or small intestines, irritation of the bronchial mucous membranes and air-cells: irritation of the mucous membranes with increased secretion, when the tongue is narrow and pointed; profuse menstruation; passive hemorrhage; nausea and vomiting when the tongue is narrow and pointed; hoarseness following coughs and colds.

The doses of the preparations of ipecac here given are as follows. Extract, $\frac{1}{8}$ to 1 grain (the latter is emetic); fluid extract, 1 to 30 drops (the latter is emetic); specific medicine, 1-10 to 30 drops (the latter is emetic); wine, 10 to 30 drops; syrup, 5 to 60 drops. The specific medicine (or a good fluid extract) is usually employed as follows: R Ipecac, grt. v to xx; water \mathfrak{z} iv. Teaspoonful every hour.

Myrica Cerifera.

Myrica has a much wider range of usefulness than most physicians suppose. It is a remedy that must be used to be fully understood and to be fully appreciated. When a physician once gets in the habit of using it, he is almost sure to always use it. Eclectics, old-school doctors and homeopaths do not use this remedy very much, and it is entirely unknown to many physicians.

The common name of myrica cerifera is bayberry. The bark of the roots is the part used in medicine, and it is said they should be dug in the spring, as the sap comes in them, or in the fall, just before it leaves them. The bark can be peeled off and dried, and is then ready for use. It is not a good plan to give the powdered bark internally, as often the stomach will not well tolerate it. An infusion can be used, which, according to my experience, is well tolerated by the stomach, if it is in a condition to tolerate anything. The tincture, fluid extract, or Lloyd's specific medicine, can be used. I prefer the infusion, or Lloyd's specific myrica, to all other preparations of it.

I do not know of any vegetable astringent that very closely resembles myrica in its action. It is stated that a combination of myrica and geranium will, when given together, assist the action of each other, and that this compound will eradicate mercury and other minerals from the system and relieve the bad effect produced by them. In general practice I find capsicum, zingiber and asclepias to be the remedies I most often combine with it. To a certain extent, the action of nitrohydrochloric acid resembles the action of myrica on the liver, more so than any of the vegetable astringents. Myrica is the only vegetable remedy that I know of that acts favorably on the liver, and is not a laxative. Myrica is a useful liver remedy, and will clean a coated tongue after mercurial purgatives have been used and failed. In such cases there will be a desire for acids and general weakness.

Myrica acts on the sympathetic nervous system, and will sustain the vital powers when they are at low ebb in any condition. In these conditions I usually combine it with capsicum or zingiber, and sometimes asclepias.

Myrica, when given in combination with capsicum, is of value in most all cases of shock and in uterine hemorrhages where stimulation is needed. When combined with caulophyllum, it makes a valuable preparation in confinement cases, and will stimulate true labor pains, or relieve false pains. It will also prevent threatened miscarriage if not too far advanced.

Simple fevers, where the liver is torpid and general debility exists, can be relieved with a combination of myrica, leptandra and asclepias. This compound is also of value in grippe, but its action is increased if combined with a good preparation of sodium salicylate. The leptandra will stimulate the glandular system, and this is always essential in this locality. It also acts mildly as an anti-periodic. Asclepias will stimulate the skin and act as a febrifuge, as well as assist the action of the other remedies. The sodium salicylate will relieve the pain and act mildly as an anti-periodic and febrifuge. The best substitute in this prescription for the sodium salicylate is specific cypridium.

In conditions which old writers termed "cankered" myrica is of great value. It should be used in such conditions internally and as a mouth wash, as there is always a cankerous or metallic taste in the mouth. It will appear to the patient that there is not enough saliva being secreted, and this is the fact.

In thrush and sore mouth the local and internal use of myrica is of much value, but its action is increased in these conditions if combined with hydrastis.

I used myrica with zingiber in one case of typhoid fever, occasionally giving a mild hepatic stimulant, with good results. The fever did not rise after the remedy was begun, and very shortly declined each day, and the case run a mild course. It was a debilitated patient who had to be sustained. I am of the opinion that myrica in combination with other remedies will prove to be of great value in typhoid fever.

Dr. I. J. Eales, in the August, 1905, *Physio-Medical Record*, classes myrica cerifera as an involuntary muscle vaso-stimulant. He has the following to say further along in his article:

"Vaso-dilation is manifested by undue relaxation of the voluntary muscular coats of the blood vessels and of involuntary muscular tissues of organs and systems, causing congestion and stasis of vascular and capillary blood flow, one or both resulting from the primary tissue states of deficient innervating action in the ganglionic neurons, *i. e.* :

"General vascular congestion, 'congestive chill,' shock, etc. In this condition the indicated remedies are vaso-compressors. Pure types of general vaso-compressors are myrica cerifera and zingiber officinalis.'

Some cases of polypus in the nose have been removed by equal parts of myrica and sanguinaria used locally. In dysentery and diar-

rhea, myrica can be injected into the rectum, with very good results in some cases. When injected into the rectum it may, after being used a while, leave the parts tender, which should be followed with injections of *ulmus fulva* or similar remedies.

A combination of myrica, *asclepias* and *zingiber* is of much value in breaking up colds, either acute or chronic, and those that occur either in the winter or summer months. It is said that myrica is of value in scurvy, especially when used with lemon juice.

Myrica, one part, *hydrastis* and *prunus*, each two parts, makes an excellent catarrh remedy for local use. Myrica is used locally and internally for catarrh when of long standing, with tenacious, irritating and offensive discharges.

In leucorrhea, as well as excessive menstruation, it is generally combined with *trillium*.

When giving purgatives, if there is much mucus, or at other times when there is much mucus coming from the bowels, myrica should be used in addition to the other treatment being given.

In jaundice, when there is imperfect formation of bile in the liver, myrica will give good results. Boericke and Anshutz's *Elements of Homeopathy* recommends myrica *cerifera* 3x in jaundice and liver ills of infants.

Dewey, in his *Homeopathic Materia Medica*, has the following to say about myrica *cerifera*: "It causes a suspension of biliary secretion, resulting in jaundice; there are clay-colored stools, and soreness in the region of the liver. Other symptoms are drowsiness, with dull frontal headache, worse in the morning; yellowishness of the eyes, scanty urine, tongue dirty, yellow; great muscular soreness and aching in the limbs."

Another homeopath says: "Myrica is an important liver remedy. There is first despondency and also jaundice, due to imperfect formation of bile in the liver, and not to any obstruction. There is dull headache, the eyes have a dingy, dirty, yellowish hue, and the tongue is coated yellow. The patient is weak, and complains of soreness and aching in the limbs, slow pulse, urine dark. The jaundice for which myrica is indicated is catarrhal in origin, and it is in this condition that the agent has won its greatest laurels. There is a dull pain in the right side below the ribs, no appetite, desire for acids, unrefreshing sleep. It is altogether a wonderful liver remedy."

I have tried myrica in one bad case of catarrhal jaundice, and it gave unusually good results. It soon cleared the skin and eyes of the yellow color. I used it with *asclepias* in this case, but did not give enough *asclepias* to act as a diaphoretic.

Myrica possesses some anti-spasmodic power, as it acts on both nervous systems. It can be used with *lobelia* in puerperal convulsions, and with *dioscorea* for after pains, also with *motherwort* for suppressed lochia and menstruation, caused by taking cold. It prevents a return of such conditions when used with these remedies by sustaining the

system. Myrica, when given with or just after diaphoretics, will prevent a patient from taking fresh cold, which they are likely to do when exposed a little after taking such remedies. The circulation in the surfaces and extremities is made perfect by the use of myrica. Its action in this respect is enhanced by the addition of capsicum and hydrastis.

A combination of myrica and cactus makes a valuable heart tonic in many conditions. In cases where the blood is bad, poor digestion and nutrition, myrica will give good results.

Scudder, in his *Doses of Eclectic Remedies*, has the following to say: "Myrica.—Increased secretion from mucous membranes, they being full and relaxed; full, oppressed pulse; imperfect circulation to the surface and extremities."

Fyfe, in his *Modern Materia Medica*, speaks of myrica in part as follows: "Indications.—Increased secretion from mucous membranes, they being full and relaxed; imperfect circulation in the surfaces and extremities; catarrhal affections of long standing, characterized by a tenacious discharge, which is often offensive and irritating.

"This remedy aids the processes of digestion and blood making. Myrica is stimulant, astringent, diuretic, alterative and anti-spasmodic.

"Dose.—Specific Myrica, five to thirty drops. Usual Dose.—Specific Myrica, two to twenty drops."

Dr. R. J. C. Hamilton says: "Myrica Cerifera.—Astringent and stimulant, leaving a permanent tonic impression on the mucous surface, and circulatory organs."

In cases of measles, after the eruptions have appeared and violent symptoms appear unabated, a combination of myrica and capsicum will be of value.

Myrica has been used alone and in combination with various other remedies in many other conditions, such as pytalism from any cause, malignant sore throat, usually combined with hydrastis and borax.

Dr. J. H. Greer says: "Bayberry should not be used in dry, irritable conditions."

I give myrica in small doses. I find the Eclectic rule of giving small doses holds good when using this remedy. The average dose that I use is about two or three grains by infusion, or two or three drops of specific myrica. This can be repeated often, same as other remedies, as it is a non-tonic agent.

Myrica deserves more study in future by all systems of medicine, as it is an extremely valuable remedy.—*Dr. J. A. Burnett, in the Eclectic Medical Journal.*

Pilocarpus Pennatifolius.

The above named drug—commonly known as jaborandi—is a valuable sedative, diaphoretic and diuretic. In large doses it should never be long continued, and the results of even a few large doses should be observed with great caution. Very large doses have been known to arrest the heart's action. In small and medium doses jabor-

andi constitutes a medicament of decidedly curative power in many abnormal conditions, and in acute inflammatory affections of the respiratory organs it is often a much needed remedy.

In referring to the indications calling for the exhibition of jaborandi the editor of the *Eclectic Medical Gleaner* remarks as follows:

"The importance of restoring the proper functioning of the glands of the body is an unquestioned advantage in the treatment of disease in which there is evident deficiency of the secretion. The regulation of the secretions has been always a cardinal feature in the philosophy of medication. Some agents impress some secretions more than others. A prominent example of this is found in a remedy which has come into Eclectic medicine by adoption and now occupies an important place in its therapy. Jaborandi, which is the leaf of several species of *Pilocarpus*, is a decided stimulant of the secretory glands, most largely manifested in the skin and salivary bodies. Like veratrum, it is a remedy for sthenic conditions, with arrested secretions. In fact the keynote in its therapy is arrest of secretion, whether it be in the glands of the skin, the special ferment glands, or the glands of the mucous tract. Over-secretion due to weakness of glands is also corrected by it, and the unhealthy outpour controlled. In other words, it tends to normal secretion by correcting faulty action as manifested in either deficiency or hypersecretion. It is an excellent remedy in acute inflammatory conditions, particularly of the respiratory organs, and in acute rheumatism. Occasionally it produces vomiting and excessive sweating, usually when given too freely. The indications are direct and distinctive: Deficient secretion; marked dryness and heat of skin and mucous tissues; muscular pain; muscular spasms; pain with puffiness of tissues; urinal suppression, the urine being of high specific gravity and deep color; pulse full, hard, sharp, and strong, with deficient secretion; increased temperature with dryness of skin and membranes; sthenic forms of fever; marked restlessness due to lack of secretion; pytalism, with stomatitis. inflammatory rheumatism, with swollen and painful parts and dry membranes and skin; soreness and stiffness of joints in subacute rheumatism; dry harsh cough; tenacious sputum; edema and dropsy in heart and kidney affections with deficiency of urine; uremia; uræmic poisoning with convulsions; itching, with jaundice; amenorrhoea, when associated with general lack of secretion; increased ocular tension; deafness due to deficient aural secretion, and colliquative sweating (minute doses)."

The dose of specific jaborandi (or a good fluid extract) is from one-fourth of a drop to five drops; but its best results are obtained by employing it as follows: Rx jaborandi, gtt. x to 3i; water 3iv Teaspoonful every two hours.

Therapeutic Principles.

The brief abstracts which follow are taken from an address recently made by Dr. F. C. Shattuck, professor of Clinical Medicine in Harvard University. A large portion of his remarks sound very much like the

utterances of a teacher of Eclectic therapeutics. The entire address is replete with valuable suggestions, and it is to be regretted that space will not permit its reproduction in these pages.

"The leading therapeutic principles can be stated somewhat as follows: 1. Do no harm. This principle seems to be well met by the homeopathist who uses the infinitesimal dose. He does no harm save in so far as he may miss doing good. 2. Try to see as clearly as possible just why you give a drug, your purpose in giving it, whether as a specific, curative, palliative, or as a placebo. 3. As far as you can, give a drug uncombined. This is a general rule subject to many exceptions. Rules, however, are made to break. They are our servants, though we too often allow them to be our masters. But in breaking rules we must use our brains. 4. In using an efficient drug, be as sure as you can of a good preparation, and then give it until something happens—either the desired effect or evidence appears that the limit of toleration has been reached. * * * Scientific medicine is open to the danger of going to the extreme of therapeutic nihilism, of disregarding the individual, of forgetting that while our knowledge is imperfect and the big thing is to find out the true nature and cause of disease, the present day sufferer demands, and has a right to demand, all the aid that our therapeutic knowledge, imperfect as it is, permits."

Echinacea Augustifolia.

The practitioner of the old school who is perfectly satisfied with the results he obtains from the exhibition of all his remedies is sufficiently learned (?); he cannot be taught anything. We are glad that such men are the exception in the profession; but we regret that there is a considerable number who, in their longing for other remedies than those they now possess, fail to look outside arbitrary therapeutical lines.

Had echinacea been developed by the old school, it would ere this have had extensive use and popularity, because it has intrinsic merits. The man, whatever system he chooses to follow, who does not use echinacea, is losing much and is not altogether so good a doctor as he might be. It has been classed by the eclectics as an alterative and an antiseptic; it is both of these, and more. It has points of usefulness not in the command of any other alterative, and as an antiseptic it can be employed in more different ways than any other drug employed for like purpose. Used in the latter way, it is employed both internally and externally, and the effect is prompt and pleasing. We do not know any other drug or combination of drugs of so great value in blood poison. Whether the septic process be acute or chronic, slowly progressive or fulminant, the beneficial influence of echinacea may be observed soon after its ingestion. In uremia, septicemia, pyemia, septic fever, poisoned wounds, bites and stings of poisonous insects, etc., it is useful.

The best proof of the efficacy of the remedy is its increasing sale among physicians of other than the Eclectic school, and the fact that the old school or Homeopathic physician once using it continues to employ it. We should like to see its employment extend still further, and we urge those who have not tried it to do so at the first indication, with the assurance that it will not prove disappointing in any indicated case.—*Medical World*.

The Meaning of Substitution.

The substitutor prescribes for your patient without regard to your reputation or the welfare of your patient, assuming that you do not know your business. As a result you lose your patient and are at a loss to know the reason. Why does he do it? For illegitimate profit. What are you going to do about it?

The substitutor sells your patient a gold brick. Your patient believes you did it.

The substitutor is a man without originality or initiative. He wants to degrade you. Will you permit it?

The substitutor sacrifices you and your patient to satisfy his avarice. What are you going to do about it?

Compared to the substitutor, Ananias was an angel. Ananias stole money and then lied about it. He suffered the penalty of death. The substitutor steals your patient's money, his chance for life and your reputation as well. His penalty is an increased bank account.

The name of the physician who permits substitution on his prescription is E. Z. Mark, M.D.—*Medical Examiner and Practitioner*.

To the doctor who does not wish to continue an "E. Z. Mark" the way is clear. Let him get "next" to some reliable house which makes a business of supplying the needs of physicians, and then dispense his own medicines. That will terminate his financial interest in the substitution business in a very satisfactory manner.

Glycerin.

Equal parts of glycerin and water will make an admirable lotion to aid in removal of the sordes from the teeth of typhoid patients and to aid in overcoming the distressing dryness of the mouth sometimes noted in late phthisis.

Glycerin, sprayed into the nostrils with an atomizer, allays the burning sensation so distressing in acute coryzas and catarrh.

Society Meetings

Meeting of the Connecticut Board.

The Connecticut Eclectic State Board of Medical Examiners held a meeting at the Capitol in Hartford on the 10th and 11th of last month. Several candidates for general practice were examined, and in accordance with the law of the State reciprocity was granted to Drs. Smart and Macey on New York certificates of registration, and to Dr. Taylor on a Maine certificate of registration.

The Connecticut Eclectic examination is fully equal to that of any State board in the United States, and certificates of registration obtained on its examination are accepted by all State boards which grant reciprocity. Candidates must correctly answer at least 80 per cent. of the questions asked in order to obtain a certificate of registration.

The members of the board present at the two days' session were Dr. Leonard Bailey, of Middletown; Dr. Thomas S. Hodge, of Torrington, Dr. George A. Faber, of Waterbury, and Dr. John W. Fyfe, of Saugatuck. The other member of the board, Dr. Henry Bickford, of Hartford, was unable to attend on account of sickness. J. W. F.

Book Reviews

American Oncologic Hospital. For the treatment of cancer and other tumors. Northwest corner of 45th and Chestnut Streets, Philadelphia, Pa. First annual report for the year ending December 31, 1905.

This is a splendidly gotten up report and deals particularly with the treatment of non-operable cases. Massey's cataphoric treatment has been largely used and with unusually fine results. Send to the hospital for a copy.

"Surgical Suggestions." Practical Brevities in Surgical Diagnosis and Treatment. By Walter M. Brickner, M.D., Chief of Surgical Department, Mount Sinai Hospital Dispensary, New York; Editor, *American Journal of Surgery*, and Eli Moschcowitz, M.D., Assistant Physician, Mount Sinai Hospital Dispensary, New York; Editorial Associate, *American Journal of Surgery*. Duodecimo; 60 pages. New York: Surgery Publishing Co., 1906. Cloth, 50 cents.

This little book is most novel, not only on account of the many original terse and epigrammatic practical suggestions given, but its general appearance and attractive form. It contains 250 suggestions grouped under proper headings and its contents are carefully indexed. While some of the items are familiar to the practical surgeon, they are presented in a manner that will impress them on the reader's memory. The book is bound in heavy cloth, stamped in gold, and the text is printed upon India tint paper with marginal headings in red. This book will be much appreciated by the general practitioner, not alone on account of the value of its contents, but as an artistic bit of book making.

"Diseases of the Nose, Throat and Ear." By Kent O. Foltz, M.D., Professor of ophthalmology, otology, rhinology and laryngology in the Eclectic Medical Institute; consulting physician to the Seton Hospital; assistant editor the Eclectic Medical Journal; author of a manual on diseases of the eye. 117 illustrations, 12mo., 643 pp., cloth, \$3.50. The Scudder Brothers Co., publishers, 1009 Plum Street, Cincinnati, O.

We have received much pleasure and gratification in looking over Prof. Foltz's work on the nose, throat and ear, which is a companion book to his work on the eye. In dealing with the diseases of the nose, throat and ear the professor treats not only the local condition, but gives you the details of internal medication—and in this the work differs from most works of its kind, for in most of them internal medication is entirely ignored. In referring in his introduction to internal treatment he says:

"Proper constitutional measures will give more or less permanent relief in practically all but malignant cases." And in this sentiment we heartily concur. The book is well arranged and nicely printed on good paper. Under the heading of "Materia Medica" the doctor devotes about ten pages to a description of the special indication for most of the drugs mentioned in the work. The book is also well indexed, which makes it convenient and handy for reference. We heartily recommend it to our students and practitioners.

Items

From the catalogue was omitted the mention of Professor Gunning's clinic on Wednesday afternoons at the college. This gynaecological clinic is most interesting and instructive and the dispensary furnishes abundant material.

Dr. Barnes' sanitarium at Stamford, Conn., is beautifully situated and is an ideal spot for mental and nervous cases.

Have you tried Chapoteaut's wine of phospho-glycerate of lime? If not, write for sample and literature.

Ask "Tommy" what Eclectic wash and hot water can't do.

Dr. Thomas S. Hodge, Torrington, Conn., and a member of the State Board of Medical Examiners, in writing to the author of Fyfe's Modern Materia Medica, says: "I find frequent occasion to refer to your interesting work on materia medica and consider it one of the most valuable works in my library."

Send for catalogue of the Eclectic Medical College, 239 East 14th Street. New York City.

In ordering your supplies, bear in mind the Norwich Pharmacal Company. Send for their catalogue.

We are glad to see by the announcement of the American Medical College, of St. Louis, Mo., that several of the old guard have enlisted in the work again. We wish the school success.

Miss Charlotte M. Godden, Dr. Gustave E. Holmberg, married Saturday, July 28, 1906, Peekskill, N. Y.

Professor John Uri Lloyd and family have returned from their extended European trip well and hearty. The Professor has promised the readers of the Review a description of his trip.

Doctors Sillo and Graf are enjoying their inspection of medical institutions on the continent.

Protection for Surgeons.

Not life insurance, but health assurance. In the operating room, the office, the lecture amphitheatre, the buggy, the street, day or night, rain or shine, summer heat or winter cold, you owe it to yourself to have your "immediate environment," with regard to temperature and humidity, as equable as possible. To this end wear the Dr. Deimel Linen-Mesh Underwear.

If you have not received the catalogue of the Eclectic Medical College of the City of New York, you can have one for the asking.

Wilder's History of Medicine and Fyfe's Materia Medica for three dollars at the College. —————

Thomas' Practice and Ellingwood's book of treatment should be read by every progressive student.

The drug treatises on specific medicines, fifteen of which have been published, contain thorough descriptions of the drugs and specific medicines. Write to Lloyd Bros. if you have not received them.

Send name and address of prospective students in your neighborhood to the Eclectic Medical College of the City of New York and we will gladly send them catalogues.

Betul-ol belongs to the salicylic group of remedies, is used as a means of administering the salicylates by cutaneous absorption, possessing all their advantages, but devoid of their intoxicating properties. It quickly reduces the pyrexia and relieves the pain of articular and muscular rheumatism without deranging the stomach or depressing the heart. —————

We are glad to see the California Medical Journal, T. Maclean, M.D., editor, on our exchange table. Maclean has courage and deserves success.

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

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The Lloyd Library.

The following account is taken from the Cincinnati "Times-Star" of August 30.

Distinct recognition of the worth of the Lloyd Library, a Cincinnati institution known the world over, comes unexpectedly from a high source in the scientific world. The tribute to the value of the library, which is the creation of Prof. John Uri Lloyd and his brother, Curtis G. Lloyd, is accompanied by a most substantial gift that will not only increase the possibilities of the library, but make it the possessor of a rare collection which any scientific library in the world would benefit by owning.

It has just been made public that in the will of the late Surgeon-General James Pattison Walker of England a clause gives to the Lloyd Library a fund of \$30,000, and, what is far more valuable than the cash bequest, the entire library owned by the distinguished surgeon and student-scientist. Gen. Walker's collection of books and manuscripts is known to scientific men as one of the most valuable private collections.

Its worth cannot be measured by money, for money could not purchase it or duplicate what was gathered in a long life of studious research. The gift, which has been made known to Prof. Lloyd, is the more noteworthy because of the high reputation of the donor, who, like many other students, who, though never within thousands of miles of Cincinnati, knew of the Lloyd Library and its possibilities for usefulness. Like all things accomplishing great works, the Lloyd Library has hidden behind a wall of modesty its accomplishments, and in consequence comparatively few Cincinnatians are aware of the existence of an institution that carries the name of the city to all civilized parts of the globe.

The bequest from Gen. Walker states the purpose of the \$30,000 fund which is to go to the Lloyd Library. The fund is bequeathed to Curtis G. Lloyd as trustee and is to be used for the purpose of

securing qualified experts to make original investigations and literary compilations in the direction of the practice of medicine and pharmacy.

Conspicuous in the work of investigation is to be a study of specific actions of medicines, the restrictions in this direction being that the work is to be confined to the clinical side of medicine, and not to the theoretical. The details of the provisional investigations are laid down in the will of the late Dr. Walker, and will be made public when the library is installed in its new home. A copy of the will has been received by Prof. Lloyd.

Dr. Walker died in April at his home in Earlsmead, Clacton-on-the-Sea, in the County of Essex. He was a man of great character and an able and distinguished scholar. He was eighty-six years old at his death, and for many years he was surgeon-general of the Bengal army, serving during the mutiny and in the numerous campaigns of the British army in India since that time.

During the whole of his service in India and until his death he devoted himself largely to literary work. He was an omnivorous reader, and amassed a large and valuable library. He kept voluminous notes on various subjects, which were arranged and indexed with remarkable care. He never engaged in any original research, but was an indefatigable compiler.

The Lloyd library is a scientific collection, the only one of its kind in America, and embodies the outcome of the lives of its founders, John Uri Lloyd and Curtis Gates Lloyd. It is devoted to botany, pharmacy, materia medica and allied sciences. The herbarium is very large, the micological department, or museum, containing more authentic specimens in the field it embodies than all other museums in the world combined. This library is incorporated, is free to the public, and is pledged to be devoted, intact, to science, although its final resting place, when the life work of its builders is completed, has not yet been selected. To its shelves the scholars of the world now turn for information, and in its rooms the American scientists concerned in special studies now devote much of their time.

Here will be placed the magnificent library of the late Surgeon-General Walker of England, who, without any previous correspondence concerning the subject of the bequest, has placed the result of his lifetime of labor, together with the endowment of \$30,000, to continue his work.

This is a deserved recognition of the worth of the work of the Lloyd Brothers—and we congratulate them. It is also a recognition of the Eclectic principles and practice in medicine; and the school is to be congratulated at this unexpected and magnificent gift. The late surgeon-general of England recognized the great value that the bedside work of the Eclectic physician has been to humanity. So we congratulate the Eclectic physicians individually

on this fine recognition. Of the thirty-thousand-dollar cash donation, Prof. John Uri Lloyd writes me: "This is to be awarded in prizes, largely in the direction of specific diagnosis and specific medication. In this direction the doctor specifies that the investigations made shall be in the direction of clinical evidence at the bedside precluding theoretical arguments, and expositions that come from physiological investigations on animals in health, etc., etc."

Every Eclectic physician in the country should feel proud of this gift to the Lloyd Library and we feel sure that it will act as a stimulant to the young men in our branch of the profession to continue their investigations along the lines of specific diagnosis and specific medication. Now that recognition has come from so powerful a source, we may expect the example to be followed and in short order the various Eclectic colleges throughout the land will announce their endowment gifts.

Therapeutic Truth From an Unexpected Source.

We quote the following from the chairman's address before the section on pharmacology and therapeutics of the American Medical Association, Boston, June 5 to 8, 1906.

Dr. Riley, after a general review of the subject, says:

"On many occasions the word has gone forth from this section that a more systematic study of our native plants would enormously enrich our medical armamentarium. If one-half of the energy that is daily put forth to discover some new coal tar product were employed to test our native plants and to extract their active principles, I am sure far more permanent results would be obtained. Why should there not be other plants growing about us that will do for other organs what digitalis does for the heart and what quinine does for malaria? Coal tar derivatives have never cured disease. In every case their effects are but temporary. The reason of this present skepticism of the profession toward our native materia medica is doubtless due, in a measure, to the senseless claims made by earlier inexperienced, and too often uneducated, physicians and laymen, claims which were found to be preposterous. If it were found that the agent did not benefit the disease as it was claimed to do, it rapidly fell into oblivion. This is not the method of the ultrascientific staff pushing a new coal tar derivative. They keep on trying it for everything and finally it may become a well recognized agent, useful for an entirely different affection from that which its originators intended.

The New "Medicine" Law.

The constant reiteration by the medical press and some of the popular magazines of the fact that many of the so-called "patent medicines" contain dangerous ingredients, and that many other "medicines" which are advertised as "temperance tonics," consist

mainly of a poor grade of alcohol and a few worthless aromatics, finally created a popular feeling which compelled Congress to insert a section in the new food law making it a violation of law to sell these "medicines" "if the package fail to bear a statement on the label of the quantity or proportion of any alcohol, morphin, opium, cocain, heroin, alpha eucain or beta eucain, chloroform, cannabis indica, chloral hydrate, or acetanilid, or any derivative or preparation of any such substances contained therein."

The foregoing provision surely includes all of the "headache powders" and nearly all of the nostrums. Will this law be enforced? That will depend largely upon the position taken by the medical profession, the medical press and the popular magazines. It is up to these three agencies to see that the new law is strictly obeyed. Nothing can be expected from the average newspaper—it is held closely in the grip of the patent medicine men.

J. W. F.

Trachoma.

The flexible principles which are said to govern some of the steamship companies owning steamers entering this port cannot be more clearly demonstrated than by calling attention to the fact that they are not only constantly dumping upon our shores hundreds of thousands of criminals and other worthless beings, but that, according to Commissioner General of Immigration F. G. Sergeant, their greed is so great that they do not hesitate to knowingly bring to this country persons suffering from contagious diseases. The number of these diseased persons afflicted with trachoma is so large that during the last sixty days it has been found necessary to daily deport at least ten cases of this very contagious and dangerous complaint.

In a recent interview Mr. Sergeant said that investigation showed that trachoma is so contagious that many of the cases discovered on the steamers touching at this port were contracted during the passage from persons afflicted with the disease who had been accepted as passengers by steamship authorities in direct violation of the immigration laws.

In view of the fact that many cases of the disease contracted after leaving the foreign ports may not be sufficiently developed on their arrival in this city to assure their detection by the immigration examiners, physicians throughout the country, whenever consulted in regard to the eyes of recent emigrants, should exercise more than ordinary care in their examinations.

In consideration of the foregoing circumstances it may be well to pass in review some of the most prominent diagnostic symptoms of an ordinary case of acute trachoma.

Trachoma should be differentiated from follicular conjunctivitis. In trachoma the *upper* lid is most affected, especially the retrotarsal

fold and the lid angles. In follicular conjunctivitis the *lower* lid is usually most affected, especially at the cul-de-sac. In trachoma the granulations are often arranged in parallel rows and present reddish or grayish-white ovoid bodies which are semi-transparent in appearance, and *are imbedded* in the conjunctiva. These granulations are situated in the membrane between the papillae. Cicatricial changes always occur, the bands of tissue running parallel with the margins of the lids. Deformity of the lids frequently takes place. In follicular conjunctivitis the elevations are prominent and *not imbedded* in the conjunctiva. There are no cicatricial changes, and there is no pain. The disease usually occurs in children. In trachoma there is usually a considerable pain. The disease is seldom seen in children. In trachoma there is a purulent secretion which is very contagious. The discharge is at first scanty, but it soon becomes profuse. Photophobia is usually marked, and on separating the lids scalding tears gush out. The symptoms of trachoma given in this article are condensed from Foltz's "Diseases of the Eye."

J. W. F.

Original Articles

Typhoid Fever.

BY A. L. CHASE, M.D.

Read at the meeting of the Boston District Eclectic Medical Society.

Typhoid fever is an infectious disease with ulceration of Peyers patches in the intestines, swelling of the mesenteric glands and spleen. It is marked by a rose-colored eruption, diarrhoea, abdominal tenderness and tympanites. In the earlier days this and typhus were considered the same disease. Girhard, of Philadelphia, was one of the earlier physicians to distinguish the difference in the two diseases. In the years 1838 and 1839 two elaborate essays on typhoid fever were issued from the Massachusetts General Hospital by James Jackson, Sr., and Enoch Hale, which set forth the distinctive features between these two diseases. Typhoid fever prevails especially in temperate climates and is widely distributed throughout all parts of the world. It usually prevails during the months of August, September and October and is more often prevalent in hot and dry seasons when the water supply is low. It is a disease mostly of youth and early life, usually between the ages of fifteen and twenty-five years, cases are rare over sixty years of age and it is rarely seen in the very young, although they are not wholly immune. It has been seen in infants.

Typhoid fever is not so prevalent as formerly, especially in the cities, on account of better sanitary conditions, but occurs in country towns where there is no public water supply. In my own town

the cases have been rare since the introduction of the public water supply.

The specific germ of typhoid fever has been found: it is a rather short, thick, mobile bacillus with rounded ends, in one of which, sometimes in both, there can be seen a glistening body, believed to be a spore: this is constantly present and grows outside the body. In recent experiments these bacilli are found in nearly all the tissues of the body: they are killed in boiling water, but are not killed by freezing. They are spread through drinking water, food and by the discharges of a typhoid patient getting into the water supply of cities and villages: also through the milk supply, where cows are allowed to drink water that has become contaminated, and this affects their milk. The germs may be conveyed in ice, through the bites of the common housefly: also by oysters taken from places where the water is contaminated with the sewage from infected districts, this having been known to have caused epidemics of this disease.

The period of incubation lasts from eight to fourteen days, sometimes longer: during this time there are feelings of lassitude and indisposition to work: there may be a chill, but not usually: generally headache, nausea, loss of appetite and pains in back and limbs. During the first week there is generally a slow rise of temperature (but not in all cases), the fever rising a degree or a degree and one-half each day until it reaches 103 or 104 degrees. Pulse is rapid, tongue coated, abdomen slightly distended and somewhat tender. Unless the fever is high generally there is no delirium at this time, although we may get some mental confusion, and perhaps wandering at night. We may get constipation or diarrhoea at this time, and toward the end of the first week or the beginning of the second we usually get rose-colored spots upon the abdomen, but I have not always been able to find them. The second week the fever remains high, with slight morning remissions, with mental torpor and dullness: lips and tongue dry, abdominal symptoms marked with diarrhoea, tympanites and tenderness. In some cases death may occur during first week, but in mild cases the fever may decline and pass off at the end of the second week. In the third week in cases of moderate severity the pulse ranges from 110 to 130 and temperature shows marked remission in the morning and there is a gradual decline in temperature. Unfavorable symptoms at this stage are pulmonary complications, feebleness of heart, delirium and muscular tremor, there is also danger from perforation and hemorrhage from the bowels. In the fourth week in favorable cases we get convalescence with some fever at night, but the temperature is normal or nearly so in the morning. In severe cases the patient grows weaker, pulse more feeble and rapid, tongue dry, low muttering delirium and marked distention of the abdomen, often stupor, feces and urine pass

involuntarily. Sometimes these conditions remain nearly the same through the sixth and seventh weeks and gradually wear our patient out.

Then we get another class of cases that are called the ambulatory form, where the patient keeps about and attempts to work and, as they say, are neither sick nor well. These we may not see until the cases are well developed and may have a temperature of 103 or 104 degrees when we see them, with rash well out. Many of these cases prove severe and they contribute largely to the mortality of this disease.

This fever is one of long duration and tends to wear our patient out. We get the high fever, loss of appetite, poor digestion with the specific inflammation of the bowels which expends its force especially upon Peyer's patches with the liability of perforation and hemorrhage to contend with, also marked depression of the nervous system. We may also get hemorrhage from other parts. I have found nose-bleed quite common, intense thirst, tongue coated and in some cases dark sordes upon the teeth and lips, which are very dry, showing marked poisoning of the blood. Deafness is quite common.

Prophylactic measures. Care in the source of our water and milk supply that they have not had an opportunity to become contaminated with the typhoid bacillus; care not to allow ourselves to become worn down and exhausted from overwork, or worn out by worry, helps to fortify the system against attacks of this disease, outdoor exercise and during the autumn months it would be well to have all drinking water boiled and cooled down before we use it, this would eliminate one great source of infection. We should also keep our person as well as clothing clean, for "Cleanliness is next to godliness," and as Professor Scudder used to say in some diseases stands first, and in no disease is this more true than in this disease typhoid fever.

Now, in regard to treatment, I would say I have no specifics for typhoid fever, but we do have specifics for many of the conditions which we find in typhoid fever, some of which I shall mention later.

Good nursing is of great importance. Keep everything about the patient clean. Plenty of good pure air, plenty of good pure water to drink after first boiling it, don't let the patient have much company, have everything and everybody cheerful in the sickroom, disinfect all discharges from our patient, both feces and urine, in a chloride of lime solution for one hour before being emptied, the solution can be made by adding six ounces of pure chloride of lime to one gallon of water, and then if in the country they should be buried. All bed utensils should be thoroughly cleansed and scalded after using, change clothing and bed every day, have patient sponged every day and oftener if fever runs high, use soda water if tongue is white and pasty or acidulated water if it is red and dry. The diet

should be in a fluid form, preferably milk, but you may give broths of different kinds. Where we get a weak heart a favorite of mine is to take round steak, broil it slightly and squeeze out the juice, salt it and add such spice as the patient likes, and give in small quantities and at regular intervals. Regular feedings are of great importance in this as well as in all long wasting diseases, to hold your patient up. If heart flags, strychnia 1-60 gr. three times a day is of great value, this with some disinfectant for the bowels is about all that many physicians depend upon. I have found one of the best of this class that I have used, is the *echinacea augustifolia*, which I have given in small doses for several years past, I think, with great benefit to my patients with typhoid fever.

I give aconite where we get the small wiry pulse and *veratrum vir.* with the full bounding pulse. *Rhus tox.* is the agent to relieve irritation of nerve centers with an irritable pulse, *lobelia* where we get an oppressed pulse with cough and oppression in the chest. *Bryonia* where there is bronchial irritation with cough and sharp pains in chest with pleurisy. But the two best antiseptics to my mind are *echinacea* and *baptisia*. *Echinacea* where the tongue is broad, full, slightly coated and has a dusky hue, face and tissues full. *Baptisia* where face is dusky and represents a frozen appearance, the tongue dusky and stools frequent. Sulphite of soda where the tongue is moist, dirty and pasty, face full, eyes dull, extremities inclined to be cold.

Chlorate of Potass. is the remedy for bad odors, offensive skin and breath, fetid stools with cadaveric odor.

Where the tongue becomes dry and brown, or dry and slick, and glassy sordes upon the teeth give hydrochloric acid. I generally make a pleasant acid drink and let the patient sip it as a drink. Sometimes good cider is used in a similar way.

Sulphurous acid where the tongue is moist, dirty red, resembling spoiled beef. For insomnia *passiflora* and *pulsatilla* are favorite remedies with me. Diaphoretic powder in from 5 to 8 gr. doses works well where we get the moist skin and moist tongue.

For the diarrhoea sub-nit. bismuth in from 5 to 10 gr. doses works well; also small doses of *ippecac* with absolute rest, not allowing our patient to help themselves at all, and make them use the bedpan instead of getting up.

Where there is hemorrhage, rest, with gallic acid in 5-gr. doses every hour until three doses are taken and after that four times a day, with rest and careful diet proves beneficial and if followed with much prostration strychnia 1-60 gr. three or four times a day will tend to hold our patient up.

If the bowels are very tympanitic spirits turpentine in 1 or 2-drop doses three or four times a day is good, also rub the abdomen with spirits turpentine one part. sweet oil three parts, every two or three hours.

If the patient is constipated unless it is quite bad I let it alone, as I think it is better than diarrhoea.

During convalescence be careful your patient does not try to be too ambitious, and I believe it best to keep him on a liquid diet until he has been free from fever for ten days and see that he does not exercise enough to exhaust his strength and bring on a relapse.

They need food that is easily digested, and be careful not to eat too much, for oftentimes after this fever they will have a remarkably good appetite, which we must look out for in order to prevent our patient getting a relapse; these precautions need to be followed until our patient has recovered his strength and has had time for the ulcerated condition of the bowels to have fully healed.

I am inclined to believe that a person never has true typhoid fever but once.

Randolph, Mass.

A Remedy for Diarrhoea Caused by Nervous Influences.

BY JOHN ALBERT BURNETT, M.D.

As short practical articles are appreciated by most physicians and the only kind that are read by some, I will give the readers one on a remedy for diarrhoea caused by nervous influences which I think will prove to be of value to many. It is as follows:

R—Tincture capsicum,
Lloyd's specific myrica,
Lloyd's specific cypripedium, aa ʒii.

M. Sig.: Dose, 30 drops every two or three hours.

There are many causes for diarrhoea from nervous influences; some of them are excessive heat, excessive exhaustion from mental, physical or sexual excess, fright, general debility, etc. In all such diarrhoea a stimulant is needed, and for this purpose nothing is better than capsicum, as it is our best stimulant in any condition where much stimulation is needed. An astringent will be needed, as the tissues will be relaxed and the slack should be taken up.

For this purpose I know of nothing better than Lloyd's specific myrica, as it will not only act as an astringent and take up the slack, but it will scour the mucous membranes of the alimentary canal and cut out all the mucous which is always present in this form of diarrhoea. It also enhances the stimulating effect of capsicum and sustains the nervous system to a certain extent. Myrica has been used with good results in various derangements of the nervous system where the ordinary nervines had failed to give relief.

Cypripedium is put in for its effect on the nervous system, and its effect is greatly enhanced in this form of nervous derangement

when combined with myrica. Lloyd's specific scutellaria would make a good substitute for, and could be used in place of, cypripedium, but there would be no substitute for myrica.

Dcan Spring, Arkansas.

Colles's Fracture.

BY ARTHUR WIER SMITH, A. M., M. D.

Some year ago Dr. John B. Roberts, of Philadelphia, made some valuable suggestions in regard to the treatment of fractures of the lower end of the radius. The suggestions were to this effect: The surgeon called to a case of this kind recalls the traditional teaching that he is to put the limb on the stretch till deformity is not apparent, and, holding it in this position, he is to apply a splint. The chief idea in his mind being that a splint will in some way make amends for his ignorance of the real nature of the lesion. To do away with this mischievous practice, he explains that in all cases of this kind the fracture is transverse, or so nearly so that when it is properly reduced the lower fragment does not tend to become displaced, and even might be treated without a splint if the patient was careful not to allow undue violence to displace the fragments. This being true, the first thing to do is to force the displaced fragment into its normal position. The evidence that this has been done will appear when the wrist, left to itself, presents a normal contour and ceases to show the silver-fork-like deformity characteristic of this fracture. This is done by putting the limb in pronation and forcing the fragment somewhat beyond the normal line of union with the radius, using the knee as a fulcrum and keeping the radius fixed.

The following case will serve to illustrate the treatment here set forth: D. H., aged 7 years, fell from the rear end of a wagon and fractured the lower end of the left radius near the wrist joint. When seen, the injured part had the characteristic silver-fork distortion, and the point of fracture was easily located. We gave chloroform, put the limb on the stretch and applied a splint made of pieces of a cigar box, padded and wrapped, intending to use the pistol-shaped splint next day. The next day we found considerable deformity, and determined to try to treat the case according to Dr. Roberts' suggestions. While an assistant administered chloroform, we seized the injured hand with our right hand, and with our left hand held the arm firmly just below the elbow, putting it strongly on the stretch, twisted it into extreme pronation, and with the knee as a fulcrum and the thumb pressed firmly over the lower fragment, strongly flexed the wrist. With this manipulation the movement of the fragments was plainly perceptible, like leather rubbed together. We now carefully brought the limb into a normal position and found that it presented a regular contour without de-

formity, other than that occasioned by the swelling. We now applied a Levis copper splint, placing a compress over the lower fragment. This was left on ten days, when it was removed and a splint of binder's board applied reaching to the wrist joint and covering the palmar side only of the forearm. This dressing was removed every other day and the arm carefully twisted in supination and back again, while the wrist joint was moved in every direction. Afterward the same dressing was applied. This treatment was continued till the thirtieth day, when all dressings were relinquished. He made a good recovery, and some months later we were not able to detect any deformity whatever.

Chicago, Ill.

Infantile Scorbutus (Scurvy).

BY C. EDWIN MILES, M. D.

Read at the meeting of the Boston District Eclectic Medical Society.

I venture to call your attention to-day to infantile scorbutus—or, as designated by some authorities, Parrot's disease and Barlow's disease—because of its not infrequent occurrence, but also from the many failures to diagnose the disease, especially at its onset, thereby leaving it to progress to its gravest form.

In these cases, the infant is most likely to succumb to exhaustion, when, if early diagnosed—and the hygienic, dietetic and therapeutic methods of to-day are applied—recovery can be prognosed with much certainty.

Recently an eminent consultant in children's diseases—connected with one of the largest children's hospitals in this country—states that in twenty-two consecutive consultations in cases of infantile scorbutus—several in the advanced stage of the disease—only two had been correctly diagnosed, and another in twenty-eight cases, twenty-five had not been recognized, although they were in the care of reputable physicians.

Definition.—Infantile scorbutus is a constitutional disease, characterized by anaemia, spongy gums, exquisite tenderness and intense pain on attempted mobility of lower limbs, and associated with imperfect nutrition, especially a lack of fresh food.

History.—Möler, in 1857, is credited with publishing the first case of scorbutus. He considered the disease as an acute rachitis. This condition, at an early period, was classified by some authors as rickets, and by others as a form of scurvy.

T. W. Chadle, of England, developed clinically the true affinity of this form of infantile cachexia in 1878. Thomas Barlow, in 1833, demonstrated by post mortem the anatomical nature of the disease. Hence the designation "Barlow's Disease."

More recently Professor Heubner, of Leipsic, published about fifty cases outside of England. Of these Heubner observed four

cases; Rhen, of Frankfort, seven; Poto, two probable cases; Northrup, eleven cases from American practice.

William Perry Northrup, M. D., of New York, states in *The American Text Book of Diseases of Children*, 1894: "The reader will find for the first time in Heubner's book, scurvy put down as a disease occurring in the United States. His explanation for this, in brief, is that this cachexia has been ascribed to rickets and has found its way into literature as 'acute rachitis,' or gone astray under purpura."

Drs. O. F. Rogers and F. W. Goss, of Boston, each reported in *The Boston Medical and Surgical Journal*, for December 29, 1892, an instructive and illustrative case of this disease and recognized it as scurvy.

Etiology.—All observation indicates the trend of the foods of hand-fed infants, especially the artificial products, to produce a depraved constitutional condition.

Rotch says: "In addition to the view that the cause of scorbutus is of chemical origin, owing to the significant relation which the disease has to a lack of fresh food, it is supposed there may be a special micro-organism which causes the disease. This, however, has not been proved, and we have no further knowledge of the etiology of scorbutus."

Northrup declares "that no child, or other, will become scorbutic unless the blood lack the certain something which is supplied by fresh food and fruits."

Barlow, after fully presenting the morbid anatomy and symptomatology of a group of cases of infantile scorbutus, says, "Let it be noted, in the first place, that there is no evidence that any child has developed this group of symptoms whilst being suckled at the breast." Further on he declares "the true cause is a deprivation of fresh food."

Environment has no marked effect in producing the disease. Observation teaches that it is quite as frequent with the well-to-do as with the indigent. It is to be borne in mind, however, that the children of the well-to-do are less likely to be suckled than those of the indigent. Age undoubtedly has its influence as a causation of the disease. The American Pediatric Society found in 379 cases that a majority occurred between the ages of seven and fourteen months. Rotch, in between 60 and 70 cases, found—with few exceptions—their ages to vary from eight to twelve months. There were none under six months, or over eighteen months, old.

Pathology.—Although there has not been found anatomic, chemic, or bacteriologic changes in the blood that are pathognomonic to infantile scorbutus, numerous post mortems have presented many and constant characteristic lesions that essentially establish its pathology. There are hemorrhages, chiefly sub-periosteal, usually in the long bones, but they may extend into the deep muscles and

joints. The femora are most frequently affected and separation of the diaphyses and epiphyses may take place. The extremities of the bone sometimes become macerated.

Barlow states that, "the primary scorbutic bone-change appears to be that there is blood extravasation between the active growing periosteum and the subjacent bone." Hemorrhages into the mucous surfaces are usually present in the fully developed cases, and interstitial hemorrhages in the lungs, spleen, kidneys and the intestinal glands may take place.

Symptomatology.—The symptoms of infantile scorbutus are those of a slow and progressive cachexia. Occasionally a case of sudden onset and rapid development may occur. The hand-fed infant—as all scorbutics are—increasingly fails to take the usual amount of food. One writer has said, "Some infants have an hysterical dislike for anti-scorbutic food." Gastric and frequently gastro-intestinal disturbances take place. The infant becomes anaemic, feeble and the head sweats. The temperature at this period is slightly elevated. The patient is fretful and manifests sensitiveness on slight movement, the cause for which is not evident to the mother or nurse. Often the physician fails to comprehend the cause. Tenderness on movement or touch is now observed. As the disease progresses the pain becomes exquisite; so much so, that the infant of only a few months at the approach of its attendant shows, by facial expression and piercing cry, its fear of being handled. When at rest, the patient is free from pain. The lower limbs begin to swell both at the diaphyses and epiphyses, but it may occur in the forearm. The skin at the swollen regions is somewhat tense; there is no fluctuation, and but little heat. Echy-motic spots may appear and hemorrhage in the deeper tissues. There may be hemorrhage about the deeper tissues of the eyes, producing protopsis of the organs. During the eruption of the teeth areas of congestion of the mucous membrane of the gums, varying in extent, frequently appear.

If these lesions occur from the third to the eighteenth month of life in an infant—not suckled, but fed with artificial products—that responds by rapid convalescence to the administration of fresh food, orange juice and beef juice, a positive diagnosis of infantile scorbutus is established.

Differential diagnosis of infantile scorbutus is to be made from rheumatism, rachitis, purpura, syphilis and spinal paralysis.

In the following table will be found contrasted the important points of differentiation.

Infantile Scorbutus.

Slowly progressive cachexia. Anaemia. Pain and swelling about diaphyses and epiphyses of the legs. Slight rise in temperature. Spongy and congested gums about erupted teeth. Hemor-

rhagic maculae may appear on the skin. No rosary. No deformities of cranium.

Rheumatism.

Onset usually sudden. Seldom anaemia. Swelling and pain in joints. Usually elevated temperature. No spongy and congested gums.

Rachitis.

Rosary present. Absence of spongy and congested gums. No pain and tenderness about diaphyses and epiphyses. Frequent deformities of the cranium.

Purpura.

The characteristic conditions of infantile scorbutus, especially the osseous lesions, are absent.

Syphilis.

Absence of extreme pain about the diaphyses and epiphyses. Mobility of the legs. No spongy and congested gums. As disease progresses characteristic syphilitic symptoms appear.

Spinal Paralysis.

Onset sudden. No prodroma. No enlargement or tenderness of the diaphyses and epiphyses.

Prognosis. As previously stated, infantile scorbutus when untreated or improperly treated, very surely progresses to a fatal termination. When correctly treated, especially in its early stage and uncomplicated by other diseases, a favorable prognosis can be made of ultimate recovery. Not infrequently a rapid restoration to health takes place.

Treatment. Assumed that infantile scorbutus arises from a faulty diet—the infant not suckled and deprived of fresh food—the first thing is a change in feeding. Fresh milk, orange juice, and, in many instances, fresh beef juice are indicated. The age and digestive power of the stomach will indicate the quantities of food to be given. Orange juice is usually taken with avidity and is well borne. Cases may arise where the infant declines to take food, but patient and persistent effort must be made to have them generously nourished.

Rotch states that, in his experience, sterilized milk is not a cause of scorbutus.

In my own experience, when beef juice has not been well taken—or obtained with difficulty—Valentine's meat juice has produced good results. Occasionally the stimulating effect of a few drops of champagne have been helpful when there is great exhaustion, repeated as indicated. The result with champagne is not as permanent as with brandy, but more quickly perceived, and it can be more frequently administered. My own observation assures me that two to five drops of Wyeth's dialyzed iron, according to the age of the patient, three or four times in the twenty-four hours have been

of marked advantage in aiding the recovery with some of my cases. Pure air is of much importance. Great care should be used that even the youngest infant is not disturbed with overhandling by the nurse or mother; neither should it be wearied by the presence of callers.

In the cases where the limbs are swollen and flexed, and there is extreme pain on mobility, the patient should be placed on a firm pillow made of the finest hair. Upon the pillow may be spread a soft, thin covering. The pillow should be placed on a light but sufficiently broad support, that would not yield on pressure, or when moved. Place the patient on the pillow in a prone position with the head only slightly—if at all—elevated. Great comfort will come from this arrangement, and confidence to the nurse that she will not inflict any injury to the infant when moving it from place to place.

The above suggestions indicate the attention, the painstaking, the patience and the tact that are demanded, both by the nurse and the skilled physician, in the graver cases of infantile scorbutus.

The disease is variable in its duration. Sometimes persistently long, going on to fatality. but usually, however, to recovery, and not infrequently with unexpected promptness, with the treatment suggested above.

Boston, Mass.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

The First Row in My Medicine Case.

NO. IX. OPIUM.

There are many abnormal conditions in which the quieting influence of opium or its alkaloids are urgently needed, and the cases are also numerous in which their obtunding power is unnecessarily invoked. In the employment of this agent great caution should always be exercised, and when possible all knowledge of its nature kept from the patient to whom it is administered. The indiscriminate use of this and other narcotics cannot be too strongly condemned, for thousands of unfortunate persons can truthfully date their ruin from the day of their first dose of these infatuating drugs.

In the necessary employment of opium considerable thought and good judgment are demanded. The cases requiring narcotic doses of this medicament when carefully studied will be found to be markedly characterized by morbid sensibility to pain and symptoms of impending nervous exhaustion. It should not, however, be employed in Bright's disease, strangulated hernia, or for the relief

of pains in the head, as in some persons suffering from these affections even moderate doses of opium will cause violent mental excitement, hallucinations and extreme wakefulness. When possible this drug should be avoided in the treatment of aged persons and children, as they are very susceptible to its influence. Large doses of opium are contra indicated in all conditions characterized by contracted pupils, small, weak and irregular pulse, slow respiration, dryness of the mouth and tongue and profuse perspiration.

In small and frequently repeated doses opium is a superior remedy in all conditions characterized by profound depression of the entire organism—a depression resembling that manifested in paresis. In this condition there is torpidity of both mind and body, with a constant inclination to drowsiness. Here minute doses act as the needed stimulus. A dose sufficiently large for this purpose can be secured by adding five drops of the tincture to four ounces of water and administering a teaspoonful of the mixture every hour or two. The remedy should be discontinued as soon as the indications for its use have disappeared. Opium, when employed in this way, is a most excellent alterative and prepares the way for other indicated remedies to completely remove the abnormal condition. In mental shock resulting from fright, and in which there is decided drowsiness, this agent, when given in minute doses, will do much toward improving the patient's condition. When lesions of the brain or its membranes are apparent, however, opium should never be used, even in small doses.

In very large doses opium lessens the frequency of the pulse, causes depression of the circulation, prostration of the muscular power, slow, soft respiration, languor, drowsiness, torpor or coma, pale features, contracted pupils, coldness of the limbs, usually retention of the urine, entire apathy to external agencies and (unless vigorous treatment is resorted to promptly and persistently) death.

Opium should be used only when the skin is soft and cool, the pulse full and free from hardness, and the mucous membranes moist.

The following injection will aid much in the treatment of severe cases of diarrhoea and dysentery; \mathcal{R} Starch water, $\mathfrak{z}\text{ii}$ to $\mathfrak{z}\text{iv}$; Tr. opium, gtt. v to xx. Mix and inject. This injection may be repeated every three hours if necessary.

When externally applied opium acts as a direct stimulant and an indirect sedative to the nervous, muscular and vascular systems.

Opium is classified as a sedative, antispasmodic, diaphoretic, stimulant and narcotic.

The doses of the usually employed preparations of opium are as follows: Opium, $\frac{1}{2}$ to 1 grain; extract, $\frac{1}{4}$ to $\frac{1}{2}$ grain; fluid extract, 10 to 40 drops; deodorized fluid extract, 10 to 20 drops; tincture (laudanum), 6 to 15 drops; camphorata (paregoric), 30 drops to 2 drachms; tincture of deodorized opium, 5 to 15 drops.

Motherwort and Iron Ferrocyanide.

BY JOHN ALBERT BURNETT, M. D.

Leonurus cardica—commonly known as motherwort—is not only a useful remedy in diseases of women, but in various other abnormal conditions.

Dr. R. J. C. Hamilton says that it is useful “in dysmenorrhoea, hysteria, palpitation and uterine cramps.”

Dr. J. H. Greer says: “Motherwort has long been used by women for tardy menstruation. It is a fine tonic nervine, especially strengthening the heart, and may be used to advantage in palpitation, hysterics, heart weakness and restlessness. Taken at meal time it is an excellent aid to digestion in nervous conditions.”

If motherwort would not do any more than what the above quotations say it would be a very valuable remedy and worthy of the respect of the physician.

Dr. Edith J. Thomas recommends motherwort in amenorrhoea. A woman's experience in the treatment of diseases of women, or in obstetrics, is always interesting to me, and especially so if the lady physician has taken such treatment herself. In suppressed lochia motherwort is a very important remedy. In this condition it should be given in hot water—as hot as the patient can conveniently take.

As motherwort is a good nervine, antispasmodic and emmenagogue, it deserves a trial in epileptic conditions dependent on menstrual disorders. It would likely prove to be a useful remedy in such conditions. I would suggest combining it with *verbena hastata* in this condition, as *verbena hastata* is a useful nervine and emmenagogue, as well as having some reputation in epilepsy. Another good remedy to combine with it in such cases, especially where a good relaxing nervine is indicated, would be *cypripedium*.

Leonurus, and several other remedies which resemble each other in their action on the female sexual organs, such as *helonias*, *senecio*, *mittella*, *cimicifuga*, *caulophyllum*, etc., deserve more study, especially by physicians who treat diseases of women, and a general practitioner has quite a lot of this to do.

IRON FERROCYANIDE.

Today I was in a physician's office and saw a bottle of blue medicine and asked him what it was. He said it was a compound of quinine and iron ferrocyanide, each two parts, and diaphoretic powder (King) one part. This was his remedy in malaria. He gives it in five-grain doses and said that it could be detected in the urine within twenty minutes after its administration.

Dr. J. H. Greer uses iron ferrocyanide in 30 to 60-grain doses three times a day in chronic malaria. These are the largest doses of any I know of being used. Iron ferrocyanide is tonic and antiperiodic. It has been used in all forms and stages of malaria, in

summer complaint of children, tic douloureux, and various other complaints.

Another writer says: "As an antiperiodic there is no agent that will act with more certainty than Prussian blue. It may not act so rapidly as quinine in some cases, but I consider it more reliable, and it will effect a cure in many cases where quinine has failed."

I will quote as follows from "A System of Materia Medica and Pharmacy," by Dr. John Murry (1824):

"Very recently the prussiate of iron, or Prussian blue, has been introduced into practice by Dr. Zollickoffer, of Maryland. So high does he estimate this preparation of iron in the treatment of remittent and intermittent fevers that he gives to it a decided preference over arsenic and Peruvian bark, as well as over all the other forms of iron. Over cinchona he asserts it to possess the following advantages, viz. 1. It is void of taste and may, therefore, be much more readily exhibited than the cinchona, which to some is extremely unpleasant. 2. It may be given in every stage of the disease, while the administration of bark is confined to the *apyrexiae*. 3. The dose is much smaller, being 4 to 6 grains twice or thrice in twenty-four hours, or at morning, noon and night, while bark, to be effectual, must be given in much larger doses. 4. It never disagrees with the stomach or creates nausea even in the most irritable state of this viscus, while bark is not infrequently rejected. 5. In its effect as a remedy calculated to prevent the recurrence of future paroxysms it is more certain, prompt and effectual than the justly celebrated *cort. peruvian*. 6. Lastly, a patient treated with this article will recover from the influence of intermittent and remittent fevers in the generality of cases in much less time than is usual in those cases in which bark is employed."

A person should be cautious in what he combines with iron ferrocyanide, in order to prevent a poisonous cyanide.

Dean Spring, Arkansas.

Solanum Carolinense.

In writing his experience in the use of horse nettle (*solanum carolinense*) to the *Medical World*, Dr. A. M. Steen, of Palatka, Florida, in part says:

"In the treatment of epilepsy, both acute and chronic, I have received more good results from its use than from any other line of treatment. Now, I do not wish to be understood that I claim that horse nettle will cure all cases of epilepsy; but it will certainly surprise many physicians who have passed it over as being of no benefit in this dreaded disease, providing they take it up and give it until the physiological action is obtained. Many good drugs receive a poor reputation simply because the physicians do not give them in sufficient doses to obtain the physiological effect. I have had

under treatment a man 36 years old who has had epilepsy for 20 years, and he was in such a condition that he was twice committed to the insane asylum. After spending one and two years in the asylum he was discharged, but he soon became as bad as ever. Under my treatment he has had two very slight attacks in a year. He now is able to work on his farm, and he said to me he felt he was going to get entirely well. Now, I began the treatment of this man by giving a half teaspoonful of fluid extract every three hours, and I increased it until he was taking four teaspoonfuls at a dose. As he improved I reduced the number of doses; he is now taking two doses a day—one night and one morning. I have now under treatment two boys, aged four years and nine years. These children were having seven or eight attacks a week. The oldest boy is now taking twenty drops four times a day, and the little one is taking ten drops. The oldest boy has not had an attack in eight months, and the little one has had one very slight attack in four months. I had a very severe case to treat and I could not get the physiological effect in this case at all. I kept increasing the dose until he was taking six teaspoonfuls at a dose, and when he reached this amount I found I received the physiological action to perfection and he made a good recovery and has not had an attack in two years. A number of our physicians who saw this case were horrified to think I would give six teaspoonfuls of fluid extract.

“You will want to know what I call the physiological action of this drug? I would advise the physician using this drug to begin with the small dose and give it in mild cases until his patient has a feeling of drowsiness after each dose. In chronic cases that are considered bad, he should push the drug until it produces symptoms of vertigo after each dose, and then stop and hold his case at this point, then begin to gradually reduce the dose until he is taking only a few drops. It will pay any physician to study this drug, not only in the treatment of epilepsy but in various nervous diseases. Physicians cannot always be guided by the dose that they find laid down in the text-books or on the bottles from the manufacturer; but he must study his case and prescribe for the condition of his patient at the time he sees him; and having selected the drug he is going to use, give it until the physiological action of the drug is produced. Each case the doctor sees is a case by itself; it has its own problem to be solved, and it requires its own remedy. We find that nature does not exactly adopt the same means of repair in any two cases. It is surprising the amount that we can learn about a drug that we thought we knew all about, if we will give it careful study.”

Dr. Kent O. Foltz's New Book.

This work differs vastly from the usual works on diseases of the upper respiratory tract, inasmuch as the author devotes no

small part of his space to the application of the remedies needed to bring about successful results through constitutional treatment, and his therapeutics are fully in accord with the teachings of our most learned Eclectic authors. Prof. Foltz's work is entitled "Diseases of the Nose, Throat and Ear." It cannot fail to receive a most hearty welcome, especially as it is the only work of its kind ever written by a modern Eclectic author.

The book is conveniently divided into thirty-seven chapters, and nearly every subject is profusely illustrated in such a way as to make still more clear the already lucid text. The chapter headed "Examination," in which the appliances needed are fully described and detailed directions given for their employment, will prove of the utmost value to the general practitioner. The anatomy of the parts involved in the various diseases discussed is given in plain and clear language, and so presented by Dr. Foltz that the student will find the subject one of absorbing interest.

This much needed volume is published by the Scudder Brothers Co., Cincinnati, Ohio, and is in every way a most excellent one. It should find a place in the library of every physician, regardless of his school of practice.

Jalapa.

This well-known cathartic is not often indicated, but occasionally it constitutes a much needed remedial agent. In very large doses it causes dangerous vomiting, tormina and tenesmus. Blood is sometimes found in the copious liquid dejections which result from its administration. In doses of from five to twenty drops of the specific medicine (or a good fluid extract) jalapa is an efficient medicament in diseases characterized by general torpor of the gastro-intestinal canal or torpor of the intestinal glands, and also in dropsical effusions. In large medicinal doses jalapa is a very useful remedy in ascites and anasarca. Ten to thirty grains of powdered jalapa, two drachms of the bitartrate of potassa, one ounce of water and a drachm of sugar constitute a pleasant and valuable hydragogue cathartic dose in many dropsical affections. Jalapa is contra-indicated in inflammatory conditions of the intestines.

Prunus Virginiana.

Prunus is very useful as a means of increasing the muscular tone of patients recovering from fevers and other exhausting diseases, and is of especial value when there is irregular or intermittent action of the heart. The dose of the specific medicine (or a good fluid extract) is from two to ten drops, but it may be prescribed as follows: \mathcal{R} Prunus, gtt. xx to \mathfrak{z} i; water, \mathfrak{z} iv. Teaspoonful every hour to every three hours.

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Los Angeles in June, 1907. E. H. Stevenson, M.D., president; J. P. Best, M.D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1907. A. E. Broga, M.D., president; E. H. King, M.D., secretary.

Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. D. P. Borden, M.D., president; Pitts Edwin Howes, M.D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth Street. V. Sillo, M.D., president; Charles Lloyd, M.D., secretary.

Kings County Eclectic Medical Society. Meets annually in February. H. Stoesser, M.D., president; M. B. Pearstien, M.D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth Street. H. Harris, M.D., secretary.

Boston District Eclectic Medical Society. Meets the fourth Monday of each month, excepting July and August, at "The Thorndike," Boylston Street. A. W. Forbush, M.D., president; Pitts Edwin Howes, M.D., secretary.

National Eclectic Medical Association.

TRANSACTIONS FOR DISTRIBUTION.

There are in the hands of the secretary of the National Association the following:

Volume	XXIII.	157	copies
"	XXIV.	84	"
"	XXV.	146	"
"	XXVI.	154	"
"	XXVII.	179	"
"	XXVIII.	121	"
"	XXIX.	000	"
"	XXX.	12	"
"	XXXI.	42	"
"	XXXII.	99	"
"	XXXIII.	37	"

According to a resolution passed at the Put-in-Bay meeting, the secretary was instructed to keep twelve copies of each volume, and send to all members in good standing copies of the volumes on hand above that number, provided the members desiring such volumes would pay the transportation on the same.

I now have some orders, which will be filled in regular order as they were received, and future orders will receive as prompt attention as the work of the office will allow.

The boxing and packing of these, where a number is ordered, will amount to approximately fifty cents, and the association should not be expected to defray this.

In ordering books do not fail to send explicit directions, as it is impossible to deliver the books to any who fail to send street and number. Do not overlook this if you wish no delay in receiving the books.

Respectfully,

WM. P. BEST, *Secretary*.

Texas Eclectic Medical Association.

The twenty-third annual meeting will be held at Fort Worth, October 9-10, 1906. Headquarters, Metropolitan Hotel. Meeting place, Red Men's Hall.

The following are the officers and they have arranged a most interesting program: President, Jason Tyson, Jr., M. D., Santa Anna; first vice-president, C. A. Lanier, M. D., Fort Worth; second vice-president, R. B. Gates, M. D., Waco; treasurer, M. E. Daniel, M. D., Honey Grove; secretary, L. S. Downs, M. D., Galveston; corresponding secretaries, D. B. Tucker, M. D., Flatonia; P. A. Spain, M. D., Paris; J. P. Rice, M. D., Fredericksburg.

The State Medical Examining Board of Eclectic Physicians and Surgeons will meet October 8 and 9.

For particulars address Secretary of Board L. S. Downs, M. D., Galveston, Tex.

Selections**The Heart in Pneumonia.**

The other day our health commissioner of the city of St. Louis died of pneumonia after a desperate fight for his life, on the part of himself and his attending physicians.

Among the remedies used in their efforts to save his life was pure oxygen. Laboring under a false idea that he was dying for want of air, they sought to save him by supplying oxygen to the blood. They failed, as a matter of course. Oxygen never saved the life of a patient suffering with pneumonia. This man died, not because he lacked air, but because his overworked and much abused heart grew tired and decided to rest.

An excessively high temperature is a prominent symptom in pneumonia. The usual method of treatment is to reduce it. Bodily heat is a result of certain vital operations, and variations of convertible forces. The potential energy either residing in or imparted to matter is capable of being converted directly or indirectly into heat. Muscular tension or contraction increases the production of heat. Potential energy is converted directly into heat by oxidation, and indirectly by motion. In fevers an abnormally large proportion of the potential energy of the organism is converted into heat. Mechanical force, or kinetic energy, may be converted into heat. An obstruction in the path of a moving body causes heat, the degree being measured by the resisting power of the obstructing object and the weight and velocity of the moving body.

In pneumonia there is obstruction of motion in that a portion of lung area is engorged and congested, thus lessening the area through which the blood moves, hence the rise in temperature which must remain above the normal until the affected pulmonic area is

restored to its normal condition by removal of the obstructing blood.

The mechanism of the circulation of the blood is pretty well understood, and it is readily seen that, as all the blood in the body must be forced through the lungs in a given time and by means of a certain number of heart contractions, it will require certain modifications of action in this organ in its propulsion of the blood through the lungs if they are in a state of pneumonia congestion. To illustrate, let us suppose that the body of an average person contains fifteen pounds of blood, which is forced through two hundred and thirty cubic inches of lung tissue in forty seconds by forty-five contractions of the heart. Now destroy the permeability of nearly one-half of one lung—fifty cubic inches—and we find that the same volume of blood must be forced through this restricted area of one hundred and eighty cubic inches instead of the two hundred and thirty cubic inches as in health, and in the same length of time, or nearly. The result is that the heart, or forcing pump, must change its rhythmic period and also its contractile force, which it does as evidenced by an accelerated action and increased power. The increased action and power tend to weaken and exhaust the heart, and any agent which interferes with its work by retarding its motion will ultimately cause it to stop if repeated often enough. Therefore, any agent administered to a patient with pneumonia for the purpose of suddenly lowering the temperature must necessarily interfere with the motive power, which, in this case, is the heart. The temperature in pneumonia rises to a high degree, owing to the pulmonic obstruction. The usual practice is to administer remedies to reduce the temperature. The effect of such treatment is to cause a weak, irregular heart action, with its consequent cyanosis and insufficient aeration. The volume of blood in the lungs is lessened, the weakened heart is incapable of forcing the blood out of its cavities, it rapidly loses its contractility, and dies. But before this happens the doctor finds alarming conditions, due to the effort to lower the temperature, and hastens to correct them by means of stimulation to the wobbly heart. For this he uses digitalis, strychnia, nitroglycerin, etc., in the hope that he may sustain the circulation. The heart responds to the treatment at first, but the temperature again goes up. Again it is sought to lower it, and again the heart weakens, only to a greater extent than before. The patient is now firmly fastened on the seesaw of depressant and stimulant, and it is not long until the symptoms become so alarming that the doctor turns to oxygen in his effort to save the patient's life. But by this time the heart has exhausted its energy, and the patient dies. This usually happens in from three to five days.

There has not been a case of pneumonia the past winter where the patient has been of sufficient prominence to gain the notice of the

public press, that has recovered. One can draw his own conclusions.

Emphatically, oxygen will not save the life of a patient whose life forces have been exhausted by a treatment which includes antipyretics alternated with cardiac stimulants. Decidedly, give us a few grains of common sense alternated with some crude ideas of mechanics in the treatment of pneumonia, and we will be willing to wager our head that ninety-five per cent. of all cases of pneumonia will recover under it.—Editorial, *Eclectic Medical Journal*.

The Treatment of Warts by Lime Water.

Dr. J. Burdon Cooper, assistant ophthalmic surgeon to the Royal Victoria Hospital, Bournemouth, writes to the *British Medical Journal* for August 26, stating his experience in this matter. An annoying wart on the radial border of his thumb had been subjected in vain to every recognized form of treatment, until he finally ceased attempting to cure it. A month later he began taking lime water for indisposition, and continued to do so for ten days. At the end of two weeks the wart had disappeared. He determined to test the relation, and from that time treated in that way, and without any other local or constitutional treatment, every wart he could find. So far, success has followed in every case. "The time taken for the total disappearance of the wart varies from four days to six weeks. He orders a wineglassful of lime water with a little milk, to be taken after the mid-day meal.

Many years ago, Dr. Peter Hood, of London, made extensive trial of the use of calcined oyster shells in cancer of the breast, and reported some remarkable results, the diagnosis of the nature of the tumors having been verified by microscopical examination. Dr. Hood's tentative explanation, if we remember rightly, was that possibly the lime caused an obliteration of the vessels, thus cutting off the blood supply. At any rate, even so empirical an observation as that of Dr. Cooper is well worth investigation. It may be a coincidence; but then again it may not; and wide testing of his observations in such a harmless condition as warts, is not open to the objection that applies to neglecting the partially known for the altogether unknown, in a graver condition.—*Summary*.

Medical College for Women to Be Closed.

The Ontario Medical College for Women, founded twenty-three years ago, is to be discontinued. Owing to the admission by Toronto University of women into the same medical course as men, the attendance has been gradually dropping off at Ontario Medical College, and the managers do not consider it advisable to continue the institution.—*Record*.

Appendix Removed from a Pregnant Woman Without Interrupting the Pregnancy.

Dr. Abram Brothers presented this specimen, which he had removed from a patient, married one and a half years, and pregnant three and a half months. Four days previously she had been seized with severe abdominal pains, which gradually showed a tendency toward localization on the right side. There was no vomiting, but the bowels were constipated. The temperature was about 102° F. and pulse 120. The peritoneal cavity was opened and an enlarged pregnant uterus seen and protected with gauze pads, being hardly disturbed during manipulation. A cystic half of the right ovary was exsected. The appendix was found directed upwards and inwards with injected blood-vessels, recent adhesions being found at its base and adjacent portions of the cecum. The appendix was removed in the usual manner by exsection and cauterization of the stump. The abdominal wound was closed without drainage. The specimen showed a catarrhal appendix with three fecal concretions. The patient made an uneventful recovery.—*Record*.

Medical Study in Germany.

According to recently published statistics, the number of medical students has been steadily decreasing in Germany. In the year 1902-1903, the total number of aspirants for medical degrees in all of the German universities was 6,232, which was the lowest figure noted in about twenty years. The maximum was reached in 1887-1888, when 8,513 medical students were enrolled. In 1890-1891 the number of medical students to 1,000 students in all departments was 296; in 1902-1903 the proportion was only 178. In 1892-1893 more students chose medicine than any other profession, but ten years later both philosophy and law were more popular.—*Record*.

Marriage of Defectives in New York.

The public seems to be on the way toward a very sane attitude on the subject of marriage of defective persons, if we may judge by a number of indications. One is a bill now before the New York State Legislature to prohibit the marriage of insane, epileptic, imbecile or feeble-minded persons. If this bill becomes a law, a marriage contracted by such persons will be absolutely void. There is a provision which will allow one to be married if, thirty days before such marriage, one files in the county clerk's office a certificate signed by two physicians stating that cure has taken place and that there is no probability that the previously-existing defects will be transmitted to the offspring. This may be a loophole, but the bill, as a whole, is praiseworthy. The increasing favor with which such measures are regarded is a good sign for the future.—*Medical Journal*.

The Proper Strength of Adrenalin Solutions in the Treatment of Hay-Fever.

In the treatment of hay-fever with adrenalin chloride it has been suggested that weak solutions, frequently applied, are apt to yield better results than the occasional application of a strong solution. One of the pathological features of this peculiar malady is a turgescence of the turbinal tissues due to excessive dilatation of the capillaries. That this is the result of a neurosis involving a more or less pronounced local vasomotor paralysis is pretty generally conceded. Over-stimulation, by reaction, is very sure to result in a complete paralysis of the vasomotor supply in the region affected. On the other hand, gentle stimulation with weak solutions is not so likely to be followed by a reaction.

These views are in harmony with the published observations of Dr. Crile, of Cleveland, Ohio, who found that in a decapitated animal the heart's action was better sustained by the continuous administration of a weak solution of adrenalin chloride. Furthermore, this is probably nature's method of supplying this vital principle to the healthy human body through the agency of the suprarenal gland, its constant presence in the blood in minute amount being sufficient to maintain vasomotor equilibrium.

The Crowning Age of Woman.

The second stage of a woman's life, maternity, brings with it pronounced physical changes requiring the most painstaking care on the part of the attending physician. Especially during and prior to childbirth, valuable aid may be rendered by the administration of Hayden's Viburnum Compound. In threatened abortion it exercises a sedative effect upon the nervous system, arrests uterine contraction and hemorrhage and prevents miscarriage. In cases of rigid os, which prolongs labor and rapidly exhausts the vitality of the patient, promptly responds to the administration of "H. V. C." and no less an authority than H. Marion Sims said: "I have prescribed Hayden's Viburnum Compound in cases of labor with rigid os with good success."

Following delivery, the anti-spasmodic and analgesic action of "H. V. C." makes it of especial service in after-pains. It modifies and relieves this distressing condition and by re-establishing the tonicity of the pelvic arterial system, it prevents dangerous flooding.

Hayden's Viburnum Compound contains no narcotic nor habit-forming drugs. It has enjoyed the confidence and support of the medical profession for over a quarter of a century. Its formula has been printed thousands of times and will be cheerfully furnished by the New York Pharmaceutical Co., as well as literature and samples, if express charges are paid.

Items

The stork made two visits within ten minutes to the "Tiel" mansion on the 28th of August. Mrs. Tiel and daughters are doing well.

The income of medical men depends on their fees. In New York an authority on the subject gives the following estimate: Two or three physicians make over \$100,000 a year; four or five range from \$50,000 to \$60,000; fifty from \$25,000 to \$30,000; 150 from \$10,000 to \$12,000; about 300 from \$5,000 to \$6,000; 1,500 from \$2,000 to \$3,000, and the remainder from \$300 to \$1,000.—Dr. Shrady in Youth's Companion.

Dr. David Lewis Russell, class of '06, has been appointed examining physician to the Travelers' Accident Association of N. Y. and N. J.

Dr. Walter G. Baety of the class of '06 is to be congratulated. His license from the State board is marked "with honor."

Dr. M. Herman has opened offices at 54-56 East Third Street.

Drs. Blaustein and Herman are in charge of the clinic at the Beachonian Dispensary.

Prof. Josephus H. Gunning is enjoying a much needed vacation at Long Branch. He expects to resume his work at his clinic September 26.

Be sure and send for the illustrated catalogue of the Eclectic Medical College of the City of New York.

Read the advertisements in this number. They will interest you.

Dr. S. Robert Shultz in the absence of President Sillo will preside at the first meeting of the County Society. He promises us some good papers.

Dr. Boskowitz will read a paper at the opening meeting of the Specific Medication Club at which Dr. H. J. Birkenhauer will preside.

It is not too late to pay your subscription for 1906 and for your convenience a subscription blank will be found among the advertising pages.

College opens September 26 and the prospects are fine for a good class.

Get acquainted with your nominees for Senate and Assembly. We may need their help this Winter.

Pain Without Peril

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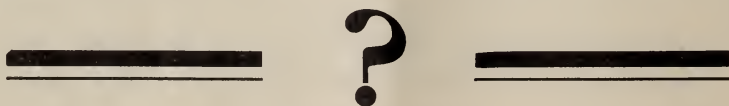


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19 East 11th Avenue, Denver, Colo.

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

VOL. IX.

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No. 10

Los Angeles and the National.

The arrangements for the eastern party to attend the National meeting at Los Angeles next June are nearing completion.

As soon as it was definitely decided that the association was to meet at Los Angeles those of the east who were present at Put-in Bay requested Dr. Pitts Edwin Howes to perfect plans for a comprehensive tour to the coast and return. This request was supplemented by a number from other parts of the country, who were members of Dr. Howes's party to Portland, Ore., in 1896, and desired that he should arrange a similar trip for next year. This, we are pleased to say, Dr. Howes has consented to undertake.

The trip which he has outlined is especially attractive, and embraces the most wonderful engineering feats and enchanting scenery which are to be found on this continent. The monotony of railroad travel will be broken, in several instances, by sea trips, both on salt and fresh water.

We are to go out by one of the southern routes and return by the Canadian Pacific, with its wealth of mountain views, which causes even the Alps to dwindle in comparison. Stops are to be made, including one of four days at San Francisco, at many points where interesting places demand attention.

While it cannot definitely be stated at this time what the cost will be, yet in all probability the railroads will give us one fare for the round trip. A rate of \$62.50 has already been made from Chicago and \$50 from all Mississippi river points.

Those of the east who will form the nucleus of this party extend a most cordial invitation to all physicians and their friends to join them in making this pilgrimage a grand success.

Next month we will print a complete outline of the route. All who would like to be kept posted in regard to the particulars of the trip should send their address to Dr. Pitts Edwin Howes, Boston, Mass., who will be glad to supply any needed information.

Durham Hospital.

We herewith extend to the Georgia College of Eclectic Medicine and Surgery and the profession in Georgia our congratulations and best wishes for the maintenance and success of their beautiful new hospital which we are glad to see they have named "The Durham Hospital" after that grand old pioneer of Eclectic medicine in the South. The following description is taken from their circular and will give the readers of the Review some idea of the institution.

The handsome four-story building occupied by the hospital is arranged in the following manner: On the first floor are located the elegantly appointed reception rooms, the hospital office, nurses' lecture room, bed rooms and kitchen. The second floor is occupied by the large dining room, a male ward and several private rooms for patients. The entire third floor is given over to the female and children's wards and to three elegantly appointed private rooms. On the fourth floor are four additional private rooms, the two operating rooms, sterilizing room and lavatory and surgeons' dressing room.

In short, we are presenting to the profession and the public a thoroughly equipped and modernly appointed hospital where the Eclectics of Georgia will find the long needed place where their patients can receive the care they need in an Eclectic institution.

Retained Placenta in Miscarriage.

The treatment of retained placenta in miscarriages usually given in text books on obstetrics is to detach it with the fingers or curette as soon as possible after the delivery of the foetus, and then, by pressure in the hypogastric region, with one hand force the uterus down low enough to enable a finger of the other hand to reach the fundus and remove the uterine contents. In some instances this may be accomplished easily enough, but the cases are numerous in which such a procedure would be ill-advised, and expose the patient to dangers of a serious nature.

In a recent work on obstetrics especially designed for the instruction of students, I find the following in regard to the management of a case of retained placenta in a miscarriage at the fourth month of pregnancy:

"If not successful at the first attempt an effort to secure the placenta should be made every day until the uterine contents are entirely removed."

In some cases the foregoing may have been found to be good practice, but my experience teaches me that such a course is fraught with many dangers, as such efforts, even when the greatest care is exercised, are almost sure to cause more or less infection. As the placenta is more firmly attached during the second third than at any other period of pregnancy it is often retained

in miscarriages occurring at the fourth month, and its delivery is many times attended with great difficulty; even the most skillful physicians frequently finding it necessary to remove it in pieces. This places the risks of miscarriage at their greatest.

In my early practice I believed that it was absolutely necessary in all cases of miscarriage to secure the removal of the placenta immediately after the delivery of the foetus, and in consequence of such belief spent many hours of anxiety to myself and patients in my endeavors to bring about the desired results—often securing the placenta in a condition likely to expose my patient to the very septic state from which I was laboring to protect her. I continued this course until I was called to a case which compelled me to change my method of treatment. On arriving at the bedside I found that a four-months' foetus had been expelled and the fragile cord separated from the placenta, over which the uterus was firmly contracted. After making several futile attempts to deliver it, I decided to tampon the vagina and wait. The next day I removed the tampon and found the placenta firmly attached to the uterus. As there was no elevation of temperature, I yielded to the patient's request to further delay its removal. I saw her daily, but as the temperature and pulse continued normal I made no further attempts to secure the placenta. On the evening of the tenth day after the expulsion of the foetus it came away intact and without odor. Since that time I have attended many miscarriages, but have never made any forcible attempts to deliver the placenta, and my cases have all made complete and uneventful recoveries. In time—usually within forty-eight hours—the uterine contents have been expelled in a normal condition.

J. W. F.

A Still Hunt.

In several states having the three-board system of medical examiners there is to be another attempt during the coming winter to lessen the dignity and power of the Eclectic school by establishing in place of the three boards a single mixed board consisting of three old-school men, one Eclectic and one Homeopath—thus placing everything medical fully under the control of the old school.

In Connecticut it is an open secret that a still hunt has already been started for senators and representatives in this winter's session of the legislature who will vote in favor of amending the present just medical law and adopting the unfair scheme marked out by medical politicians. The scheme of these politicians is to legislate the present three boards out of existence and establish in their place a single board, consisting of five members. On this board the Eclectics and Homeopaths are to be given one member each, thus placing all

questions relating to the licensing of physicians to practice in Connecticut absolutely under the control of the old school. They say that we should be satisfied with one member (who would be allowed to examine in therapeutics candidates who expressed a desire to practice Eclectic methods exclusively), as in their opinion the schools are alike, except in materia medica and therapeutics. But they are wrong. We differ in many things. Even in diagnosis our methods are vastly different from those of the old school. It is true that we diagnose our cases in accordance with the generally accepted nosology, but it is also true that we supplement this diagnosis with an additional diagnosis peculiar to the Eclectic school, and known to us as specific diagnosis. In surgery we often employ constitutional and local treatment, which differs materially from that deemed necessary by other schools. In obstetrics certain procedures are common to all schools of practice, but our medical treatment of the child-bearing woman is far from being identical with that employed by the old school.

In view of these marked dissimilarities it is absolutely necessary that we should have a separate board of medical examiners in each state, if we are to be able to guarantee to our graduates rights equal to those bestowed upon the graduates of other schools. Let us, therefore, accept of nothing as final which does not concede to us a separate board in every state, or, at least, an equal representation on the mixed boards, with the right to take part in the examination in every branch requiring the use of drugs.

J. W. F.

Edward Bliss Foote, M. D.

Just as we go to press we learn of the death of Dr. E. B. Foote who was one of the pioneer reformers of this state. For many years he was corresponding secretary of our state society and faithfully performed his duties. He was the oldest member of the county society and was also a member of the national. Dr. Foote was the author of several well-known medical works. His book "Plain Home Talk" was translated into many languages. In his death the school loses a good friend and Eclecticism a powerful advocate.

Original Articles

**VARIATIONS BETWEEN SPINAL AND GANGLIONIC
ENERGY.**

**Effects of Variations From a Perfect Equilibrium Between Spinal
and Ganglionic Energy Manifested by Corresponding
Variations in the Rate and Character of the Circu-
lation, in Nutrition, in Secretion, in Excre-
tion, and in all the Functions
of the Body.**

BY W. H. BLAKE, M. D.

If, owing to excessive ganglionic energy, the volume of the blood-current is comparatively small and its flow rapid, there is a tendency, if not to greater waste than to reconstruction of tissue, by reason of the coincident energy of the peripheral ganglia, to a smaller, more compact and more enduring cell growth; so that the bony structures are smaller, more compact, finer grained and proportionally stronger; and the muscles are more firm, more enduring, and proportionally more powerful; this is also true of the growth of nerve substance; therefore the structural growth and energy of nerve centres depends upon the amount and rapidity with which they are supplied with freshly oxidized and well constituted blood. Given a healthy breathing apparatus, good digestion, and nutritious food, without special mental excitement, and the cell structure of the nervous system will be of that normal growth and power consistent with the constitutional organism of the individual; but, if from any cause, the entire vascular system, or any portion of it, shall for any length of time be more than normally energized, the peripheral or trophic ganglia being simultaneously affected, a corresponding change in the character of the cell growth at once occurs; and if the excitement is sufficiently long continued, a corresponding change occurs in the cell structure of the entire portion, the growth of which is determined by the particular vaso-motor centres and trophic ganglia excited; and this change may vary, according to the intensity of nervous energy displayed, from a slight increase in the compactness and durability of structure with a possible increase of efficiency, to a degree of sclerosis or hardening which will render the part incapable of its function. Or, if the excitement be sudden and intense, there may result vascular spasm in varying degree of duration and intensity, perhaps depriving the parts of blood sufficient for the maintenance of structure, thus causing an immediate arrest of function: and, if the condition continues, actual atrophy of the part.

On the other hand, if from any cause vascular and trophic

energy become enfeebled, on account of the impairment of any particular vaso-motor nerves or centres, or of the peripheral ganglia, the blood-current will become sluggish and its volume correspondingly increased in the vessels so enfeebled; there will be a rise of temperature in the part supplied by them as a consequence of the excess of blood, and as a result of the excess of heat and material the cell growth will become more rapid, and the size of the cells will be increased; but their vitality will be less, their endurance their permanency decreased. There will be a tendency to exuberant growths, to hypertrophies, to the production of tumors or other excrescences; or, there may be a tendency to the deposition of fat, to fatty degenerations: and, if the vessels supplying nerve centres are so affected, there will be a corresponding change in the growth of the nerve cells, with, afterward, red softening, then gray softening; and finally so transient becomes the cell growth, or so incapable the trophic centres, that the tissue breaks down more rapidly than it is removed and there is an accumulation of actual pus, such is the history of cancers. Meanwhile, there occurs a coincident increase and decline of nervous irritability, manifested in excessive, perhaps explosive, but gradually failing, reflex action; or, if the diseased centers are encephalic, then an imperfect co-ordination of movement, or of function, or of thought; together with more or less mental aberration, according to the location and number of centres affected.

As before intimated, any excitement of the nervous system tends to evocation of nerve force, and consequently to some increase of function; therefore if any gland or system of glands receives an augmentation of energy because of such excitement, and a correspondingly increased blood-supply, its normal product will be increased; if its energy be increased but the blood-supply remains about the same, or, as generally occurs, is somewhat diminished by the coincident constrictor energy of the blood vessels, its product will be more acrid or intense in quality and probably less in quantity: and on the other hand if there be an increased blood-supply with some coincident abatement of energy, the product may be increased in quantity but much deficient in quality; which deficiency or deterioration will not be due simply to dilution, but also to the lack of functional power.

If an organ be deprived of blood, having then no material from which to eliminate a product, its function will be arrested and eventually atrophy must result.

If an organ be engorged with blood, being then overloaded with material, its function will be suppressed, and if the engorgement continues, degeneration of tissue must ensue.

Perverted function, long continued, causes organic disease.

It is not enough therefore to know that function has partially or wholly ceased; we must know why it has ceased; whether it is a

case of arrested, or a case of suppressed function, for on that knowledge the success of our treatment depends.

In the condition of perfect health spinal and ganglionic energy are each equivalent to the other, and the vital functions are performed with regularity and efficiency: and in just proportion to any variation in either spinal or ganglionic energy, whether local or general, there will be a corresponding variation in functional phenomena. Thus, if normal energy be represented by 5, ganglionic energy, because of some special excitement, either mental or physical, may become to spinal as 6 or 7 to 5, and a certain class of symptoms will then occur peculiar to that condition in which ganglionic energy is excessive; constrictor and flexor muscles will be more vigorously contractile, and functional energy more intense; or perhaps tonic contractions of those muscles may occur and the activities thus be arrested by spasm. On the other hand, ganglionic energy may be normal, and spinal energy depressed; so that ganglionic energy shall be to spinal as 5 to 4 or 3, and then occurs a class of symptoms in a degree resembling those which occur in the former case, and indicative of the fact that ganglionic energy is relatively excessive: it is the same tune in another key, a lower key; and, obviously, the treatment must be quite different.

Ganglionic energy, because of the emotions, of intellectual activity, and of substances taken into the stomach, is frequently excessive. Spinal energy, because of exposure, or of exhaustive exercise, and also from neglect of essential exercise, is frequently deficient; and on either side of true equipoise occurs every shade of variation, either as pertaining to the entire system or to some special part or parts; the functional efficiency of the organs consequently affected necessarily corresponding.

Except in cases of exhaustion from extreme excitement, or as the effect of some toxic influence, or in the strumous cachexia, we rarely find ganglionic energy depressed.

Because of cerebral activity, which, as heretofore shown, has a primary exciting influence upon ganglionic centers and precedes and attends spinal energy, we rarely find that energy either actually or relatively excessive except as a consequence of excessive spinal training, as in the case of athletes, or of the exhaustion of certain vaso-motor centers controlling the blood supply of the spinal cord, the centers of which therefore become irritable, or as the effect of some toxic drug, or in lymphatic temperaments.

When spinal and ganglionic energy are in just proportion to each other, as 5 to 5, there exists the condition essential to perfect health; the circulation is full, free, and vigorous; the digestion perfect, the secretions and excretions normal; the skin fair, the body plump and well nourished, and the mind clear and active; but for reasons before stated we are not all born to such estate; many come into the world with ganglionic energy as $5\frac{1}{2}$ or 6 to 5 of spinal

and all their functions are performed on a high key; cerebrally they are intensely active, physically they are consumptively inclined. Others are attuned to a lower key; their temperament is lymphatic, their ganglionic is to their spinal energy as 4 or $4\frac{1}{2}$ to 5, their circulation is sluggish, they are inclined to obesity, their diathesis is often scrofulous; mentally they are often inactive, physically they are logy; they are inclined to rheumatism, to atonic dyspepsia, to inflammatory diseases, to dropsies, and to a long list of ailments to which the opposite and more eliminative temperaments are almost exempt.

Philadelphia, Pa.

Cystin.

BY MAX MEYER, M. D., PH. D.

The interest which my short article on cystin in this journal has caused, and the many inquiries which followed, prompt me to give a more detailed description as an answer.

In 1805 Wollaston discovered this substance in a urinary calculus taken from the bladder, and called it cystin oxide. Later the name was changed to cystine, whose formula was given as $C_3H_5NO \cdot S_2$, but closer investigation found its composition to be $C_3H_5NSO_2$.

Cystine or cystin occurs as a urinary sediment and proves to be under the microscope a crystalline substance. It exists as hexagonal plates of moderate size, colorless and high refracting, turning the plane of polarized light on the left. It is soluble in ammonia, mineral acids, alkaline hydrates and carbonates with the exception of ammonium carbonate. It is insoluble in alcohol, ether and water and precipitated from alkaline solutions by acetic acid and tartaric acid. Heated on platinum foil it evolves thick, white fumes, having a peculiar offensive odor resembling garlic. Cystin is an amido-acid containing 26 per cent. of sulphur. Cystinic calculus is comparatively soft, forming stones which have a waxy, semi-transparent aspect and crystalline structure of a yellow color when fresh, but on exposure it changes into a delicate pale green.

Urine containing cystin is turbid when voided and on standing a light and yellowish sediment appears. The odor of such urine is of a peculiar sweetish character, its color light amber and of an oily appearance. The reaction shows a faint acidity and liability to spontaneous decomposition, causing a production of sulphuretted hydrogen. If to such a urine a few drops of acetic acid are added a precipitate of cystin will occur. The best test is the addition of ammonium carbonate to the urine, which after evaporation on a watchglass leaves the characteristic beautiful six-sided crystals. Cystin acts as a feeble base and forms crystalline compounds termed cystates, e. g., silver cystate.

It seems that cystin and taurin are closely related, which is shown by a comparison of their percentage composition :

	Cystin.	Taurin.
Carbon.....	30,00	19,20
Hydrogen.....	5,00	5,00
Nitrogen.....	11,66	11,20
Oxygen.....	26,66	38,40
Sulphur.....	26,66	25,60

This close analogy renders it not improbable that the liver is the original source of cystin and the discovery of it in the liver of typhus patients lends support to this view.

The differentiation of cystin from other crystals is not difficult, as uric acid, with which it might be confounded is distinguished by hydrochloric acid, which promptly dissolves cystin but leaves uric acid and urates unchanged. Acetic acid will dissolve triple-phosphates, unaltering cystin.

In cystinuria other constituents of the urine have not been found altered in any degree except the dominant calculus-forming substances as in most other calculous states.

Cystin may be present in the urine for many years without giving rise to any symptoms; it may disappear for awhile or even permanently. The most curious circumstance in the history of cystin is the unquestionable tendency which it shows to run in families. It has been found mostly in children and young adults, though no age is exempt. The cause of cystinuria is not definitely known and subject to conjecture. Cystin is secreted by the kidneys in consequence of the superabundance of its elements in the blood. It has been shown that healthy urine contains sulphur, not only as sulphuric acid, but also in an unoxidized state, and it is probable that an increase of sulphur in this state, owing to an excess of sulphur—or to a lack of oxygen—may result in the formation of cystin. Recent investigations go to show that cystinuria is a sign of infectious process. Cystin is itself, or is the product of, a ptomaine in the intestinal canal, due to the action of certain micro-organisms. Cystin is found in the faeces and in the urine in connection with diamin. The acid urine decomposes the combination, the soluble diamin is discharged and the insoluble cystin precipitated to possibly form a stone. The clinical significance of cystin is therefore chiefly if not wholly the danger of the formation of stone and gravel. As symptoms we find usually irritation of the urinary tract and frequently hepatic disorders, renal degenerations, acute articular rheumatism, chlorosis and struma. If a cystinic stone is located either in the kidney, ureter or bladder, we find a wide range of phenomena of symptoms which depend upon the character and size of the calculi and their location. The prognosis is favorable when the calculi are small, the reverse in large stone, leading to renal colic, atrophy of the kidney and pyelitis in various forms. The treatment consists in first line to relieve excruciating pains by hot bath, hot packs or poultices, hypodermic injection of

morphia, inhalation of chloroform; second, to dissolve the calculus and to prevent the formation of further concretions for which is recommended drinking plenty of alkaline water prepared by the addition of potassium salts, such as the acetate, citrate or bicarbonate. Further medication of infusion of aralia, epigea, chimaphila, eupatorium, althea, of the tinctures of eryngium, gelsemium, apis, will yield good results. Piperazin, nitro-muriatic acid and calcium carbonate have been recommended. The diet should consist of fruits and vegetables, little meat, starchy food and sweets. Regular and systematic exercise in the open air will prove beneficial.

New York City, N. Y.

Signs of Pregnancy.

BY E. F. BITTNER, M. D.

I have had cases come into my care, on several different occasions, in which because she had gone over her regular menstrual period for either the second or third time, I was asked by the patient to tell her without any doubt, whether or not she was pregnant.

This in fact is very, very hard to do in a great many cases, not only in the early but also in the later stages.

I know of a physician of great experience, who tapped a woman for ascites—but his trocar went into the gravid uterus and penetrated the body of the child. The woman fell into labor and recovered of the accident; the child bearing the mark of the trocar on his body.

A short time ago I read of a case in one of the largest cities in Pennsylvania, in which three of the most prominent physicians of that city were called in consultation and had in a manner confirmed their diagnosis in a case which they thought ascites with many quarts of fluid within the peritoneal cavity. The urine was scanty and the bowels constipated. No signs of pregnancy save that the cylindrical cervix was short as in a woman of seven months' pregnancy, the os being well closed. Neither palpation nor auscultation disclosed the reliable evidences of pregnancy; still, the woman insisted that she was pregnant and felt quickening. However, the physicians not being too sure of the case, decided to put off the tapping for a few days, and in the meantime she became very ill. The family physician was called and found his patient in great distress, nauseated with frequent vomiting, the pain from abdominal tension very severe and the patient greatly emaciated. On examination he found the os dilated and a sack protruding, and in a short time delivered her of twin boys of five to five and a half months, both of them dead, with at least three and a half gallons of fluid.

This case being one of the hardest to diagnose and one of the most perplexing, proved finally to be a case of pregnancy with a hypersecretion of fluid, or what is called by some writers, dropsy of the ovum.

The signs from which a woman thinks herself to be pregnant are, the cessation of her regular menses, and the subsequent enlargement of the abdomen, the movements of the foetus, certain constitutional or local disturbances or disorders, and modifications of the mammae.

A married woman who has been well regulated suspects that she has conceived if she fails to menstruate at the proper time; but this cannot be considered as conclusive evidence of conception. since so many and so varied causes are found to obstruct and avert the regular course of the menstrual flow. A second failure, if not accompanied by any signs of depraved health, renders the suspicion all the more valid; while after the third and fourth omission, the change of form, and at last the perceptible motion of the foetus put all doubt to flight.

There are many correlative signs which establish a probability of the existence of pregnancy; among these I may mention nausea and vomiting; a gradual increase or development of the mammae, a change of the areola of the breast, which becomes more prominent or elevated, and acquires a dark brown hue, much to be relied upon, especially in the first pregnancy. The nausea mostly in the morning and in some individuals with great heartburn, or salivation, irritation of the bladder, and in others an irritable temper with that unaccountable longing or craving for certain foods.

By means of the touch, pregnancy may be pretty surely ascertained before quickening has taken place, but not with certainty.

By the sense of touch we can readily learn that the womb is enlarged, altered in form, and contains something; but I cannot see how any physician can aver what that something is, unless he can ascertain a spontaneous motion in it; so that even the ballottement, or tilting the womb upon the point of the finger, does not furnish, to my mind, any conclusive evidence that the tilted body contains an embryo.

Auscultation, either by means of the stethoscope or the direct application of the ear to the abdomen of the woman, enables us to perceive two very distinct sounds; one of which is the beating of the heart, and the other that which has been called the placental souffle, or bellows-like sound, the latter sound somewhat resembling the cooing of a dove. When we can distinctly hear the beating of the foetal heart, so as even to be able to count the number of its pulsations, all doubt must be at an end. The placental sound is a very distinct sound, but even this sound has been mistaken for a similar sound produced by pressure upon the iliacs by a tumor; but the sound of the foetal heart need never be mistaken. The beating of the foetal heart can be detected as early as the fourth month if the opportunity is good.

It is, perhaps, of less consequence to be able to ascertain the existence of pregnancy in the married than in the unmarried.

The married woman, who has no motive to keep it a profound and important secret, readily imparts a knowledge of her situation, or her suspicions thereof, to her family physician or to her close friends; but not so with the unmarried who stands high or tries to stand high in religious or social circles and whose reputation depends upon the concealment of her misfortune or crime.

Physicians are frequently called upon by just such individuals, for relief from "obstructions," when she has only one purpose "deep down in her heart," to obtain some powerful emmenagogue, which may serve to procure an abortion, that she at the same time knows no reputable practitioner could be induced to procure for any pecuniary reward whatever. I hold it, therefore, to be a duty, in all cases, of standing in society, to compare the complaints of amenorrhoea with the appearance of the patient, and if some evident malady does not accompany the supposed suppression, to withhold all medical aid, until time or necessity discloses the indications that are to be fulfilled.

It is too much to expect that a female, who has it at heart to conceal her pregnancy, will even confess it to a medical man.

It is not good policy to say to every woman, you suspect pregnancy; the only safe rule is to suppose every married woman of the proper age, with suspension of the monthly flow, while not giving nurse to a child, is pregnant, and treat her as pregnant until convinced of the contrary.

Somerset, Pa.

High Frequency Currents in the Treatment of Diseases.

BY W. H. WOLF, M. D.

This is a subject that would take a very long paper to go into details as I should, but I will not impose on your good nature, and will endeavor to give you a brief paper on these currents.

The subject of high frequency or high potential currents, has been taken up extensively within the last few years, not only in this country but abroad, and I believe with our specific medication we have two very good armaments in the treatment of the various diseases.

No doubt, as you know from experience, this form of treatment has been taken up by the unscrupulous charlatans and quacks, as a cure-all, and is the cause of electro-therapeutics getting so many hard raps by the average physician, who has neither the apparatus nor studied the therapeutic value of the application of this form of current. It is important and absolutely necessary that high potential currents should be used by duly qualified medical men, who can judge of their physiological effects upon diseases.

We must give credit to such men as D'Arsonval, Oudin, Dutoir, Apostoli, Tesla, Morton and others for the perfection, mode

of application, etc., in bringing high potential currents to what they are to-day.

What is meant by a high frequency or high potential current? It is simply a step-up transformer used in connection with our X-ray coils and static machines, which alters the quality of the secondary currents.

The apparatus in general use is the Oudin-Dean Resonator, which consists of a pair of Leyden jars, a large cylinder of some insulating material, such as wood, fibre, etc., on which is wound a number of turns of heavy wire, and then continued with a certain number of turns of fine wire. This seems very simple, but when it comes to building one of these apparatuses, your Leyden jars must be in proportion to your heavy wire and then again the winding of the fine wire must be done in tune or harmony with the other winding, or your machine will not produce the effluvia of current.

In regard to the mode of application, there are a number of different ways. The current may be applied by various metal electrodes or the glass vacuum electrodes. The other modes of application are auto-conduction, auto-condensation, and bipolar method.

By auto-conduction, the outer coatings of Leyden jars are connected by a solenoid, so that the body of the patient may be enclosed in it without touching the solenoid. There may also be small solenoids used for the arm, leg, etc.

By auto-condensation, the outer coatings of the jars are connected by a small solenoid, one end of which is connected with a large sheet of metal underneath a mattress of a couch on which the patient reclines, while the other end of the solenoid is connected to a metallic handle held by the patient. This will give a general electrification of the whole body.

In the bipolar method the one terminal of the solenoid is connected to a foot plate, while the other is connected to the active electrode.

In reference to the diseases treated by high potential currents, would say that some cases of diabetes have had marked benefits, but not permanently cured. Gout and chronic rheumatism have received much benefit from this line of treatment. Neurasthenia and nervous diseases have also shown marked improvement under treatment.

Where this form of treatment has made its mark is in the treatment of skin diseases, such as lupus vulgaris, lupus erythematosus, chronic eczema, acne rosacea and pityriasis, psoriasis, rodent ulcer, warts, and I may add neuralgia, hemorrhoids, pruritus ani, etc.

I would remark that the foregoing diseases are treated by auto-conduction, auto-condensation and also with the effluvia.

I believe if the physician would take up these various currents

and study them as he would specific medication, he would not only find it of much benefit to his practice, but also to his own financial interest.

Pittsburg, Pa.

Puerperal Convulsions.

BY C. S. DWYER, M. D.

Puerperal convulsions always give me a feeling of horror. They always come when we have plenty of trouble and all we wish to look after.

Case 1.—In December, 1894, I was called to attend Mrs. D——, age 36, small frame, first confinement; labor present at full term. Head presented after nearly five hours and the indications were encouraging that the delivery would take place in a short time. Without warning the patient went into convulsions. I soon arranged everything so that the patient would not harm herself, and then I went for the forceps, which, thanks to good fortune, I had previously warmed and oiled. In short order I applied them and delivered her of a ten-pound boy before she regained consciousness. As soon as she could swallow, I gave her 30 drops of tincture of lobelia. The placenta was removed promptly and the patient's condition was good. I prepared a dose of lobelia if the patient should be in need of it. In about three hours she had the second convulsion; at this time she took twenty-five drops and ten drops repeated every hour for twelve hours. She didn't show any more signs of the trouble and she made a good recovery.

Case 2.—In May, 1901, I was called to see Mrs. B——. She was attended by another physician. I saw her in the evening; she had a normal delivery in the early part of the day and the convulsions had followed each other in rapid succession and her doctor could give no relief. I gave her forty-five drops of tincture of lobelia. In half an hour I gave her twenty-five more; I followed this with ten drops every half hour for six hours, and then ten drops every hour for ten hours. She had three slight spasms in the four hours following my first dose.

Case 3.—In February, 1906, I was sent for in haste to see Mrs. A——, a woman aged 28 years. In the past eleven years she had given birth to eight children; all but one were living; her condition and the history of the case went to show that she lacked one month of full term. She had been in convulsions for three days with a physician at the bedside. I gave her twenty drops of lobelia every fifteen minutes till she had taken six doses, at this time the convulsions had ceased; we dilated the os so the hand could be inserted. At this point an anesthetic was given and the hand was inserted, grasping the feet of the foetus, they were brought down and she was soon delivered, after some exertion on our part with the child:

normal respiration was produced. In about two hours the woman gave birth to a second child that, to all appearances, had been dead from four to six weeks. The woman made a good recovery and didn't show any more signs of convulsions.

Canton, Pa.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

The First Row in my Medicine Case.

NO. X. PHYTOLACCA.

This extensively employed remedy is commonly known as poke. In many abnormal conditions it occupies a place peculiarly its own. In the treatment of diseases of the glandular system this fact is many times markedly apparent. Its curative effect is so promptly manifested in inflammations and ulcerations of the mucous membranes of the various parts of the body that there can be no doubt of its energetic power. In inflammation of the breasts its early exhibition will prevent the formation of abscesses, and in tonsillitis and the sore throat of scarlet fever it has no superior. In wrongs of the liver, especially when there is enlargement and induration, or a torpid condition of the organ, the patient should be given the aid afforded by this efficient medicament. In gonorrhea and leucorrhea phytolacca is deemed a remedy of decided merit, and in syphilis, especially of the tertiary form, it is thought by many to be essential to a rational treatment. It is also a remedial agent of great usefulness in the large number of chronic conditions in which the secreting, absorbing and eliminating vessels have become impaired, and it is one of our most efficient drugs in the chronic form of articular rheumatism, its long continued employment doing much toward preventing a return of the painful affection.

Phytolacca is a most excellent alterative, diuretic, laxative, and in very large doses, a narcotic, emetic and cathartic.

Among the specific indications for phytolacca the following are perhaps the most prominent: Enlargement, inflammation or pain in glands; mucous surfaces of the fauces full, of dark color, the tonsils swollen, throat dry, or covered with patches of tenacious secretion or ash-colored exudation; depressed function or imperfect secretion; fatty degeneration of the heart. Locally: threatened abscesses in glands.

The dose of specific medicine (or a good fluid extract) is 3 to 10 drops, but its best effects are obtained by employing it as follows: \mathcal{R} Phytolacca, gtt. x to xxx; water, \mathfrak{z} iv. Teaspoonful every hour or two.

Amphiachyris Dracunculoides.

BY JOHN ALBERT BURNETT, M. D.

This remedy is apparently but little known to most physicians. It is a small, erect herb, usually reaching a height of from one to three feet. It has yellow flowers in paniced racemes. In some localities it is known by the name of broom-weed.

It was introduced to the medical profession by Dr. J. M. Massie, and it has been employed a number of years with results which show that it deserves further investigation and study. If the claims made for amphiachyris are true it is a very important remedy, and a remedy that no general practitioner can afford to be without. Dr. Massie has used this remedy extensively in various conditions. He claims it to be of great value in pneumonia. He says:

"In support of my idea that amphiachyris is a fine agent in pneumonia, I will relate the following: A gentleman and I were riding together in a buggy in a region of Texas where this agent grows profusely, not long ago, and I spoke of it to him, and asked him if he knew anything about its use, and he gave me a history of it. He said that it would 'cure pneumonia every time,' and related a number of cases cured by this herb when other cases in the same neighborhood that were treated by other remedies resulted fatally."

Dr. Massie further says: "Dr. Holt had a case not long since of bronchitis, complicated with pneumonia, in the treatment of which he gave the remedy as follows. \mathcal{R} F. E. Amphiachyris, \mathfrak{z} ss; aqua, q. s., \mathfrak{z} ij. M. Sig. Teaspoonful every thirty minutes.. This is the only medicine he gave her and she was convalescent in about eight days and made a rapid recovery. He also gave a girl of fourteen who was suffering with cholera morbus, rolling and tossing from side to side of the bed, with retching and griping pains, half a teaspoonful of the fluid extract of amphiachyris in a swallow of hot water every thirty minutes, and the third dose gave her complete relief. I have known several other cases of cholera morbus to be as easily relieved by its use. About two years ago a lady who had suffered for several years with articular rheumatism affecting her knees and ankles till they had become stiffened, called upon me for treatment for catarrh. She was a very devout Christian woman, and one who believed that the scriptural attitude in prayer was upon the bended knees, but to her this attitude had become very painful; in fact, she was forced to abandon it on account of the pain it caused her to kneel. I did not prescribe for the rheumatism at all, but one of the remedies given her as an alterative was amphiachyris. She continued treatment for three months, when she was cured of the catarrh and also of the rheumatism, and has not had a return of it since. As this case had nothing for the rheumatism except the agent named, I am inclined to attribute the good results to the amphiachyris in the alterative."

I feel sure that all physicians who become familiar with the therapeutic uses of amphiachyris will be well pleased with it and use it quite freely in various diseased conditions.

Dean Springs, Ark.

Neutralizing Cordial.

In an article on the old Eclectic Neutralizing Cordial, published in the September issue of the *Eclectic Medical Journal*, Prof Harvey Wickes Felter, M. D., interestingly refers to some of its many virtues, and also gives a history of the changes which have been made in its formula. In part the doctor says:

"We have many times declared that if we could have but one medicine for the stomach and bowel complaints of the summer season, it would be the neutralizing cordial, or compound syrup of rhubarb and potash. In general, neutralizing cordial is so well known that but mere reference to its properties are necessary. It has three especial qualities that we must note. Rhubarb, through its specific adaptability to irritation of mucous surface, makes the cordial the ideal gastric sedative, for in such cases there is marked irritation, as shown by the reddened and pointed tongue. With most of these cases there is a fermentative state, with sourish and burning eructations, and often the bowel discharges contain sour and fermented material. For this condition there is no more pleasing antacid and corrective than potassium bicarbonate, though should the tongue show more pallor than redness, sodium bicarbonate may answer a better purpose. The aromatic qualities of the cordial derived from the peppermint oil and herb make it grateful as a carminative, and render it especially pleasant for children. Now, the cordial to which I have been referring is that devised by Prof. Frederick J. Locke, of the Eclectic Medical Institute, and based on the original prepared by Dr. Wooster Beach. We often hear Eclectic physicians speak freely of neutralizing cordial, and we sometimes wonder whether they are aware of various preparations that have passed, and still pass, under that name. Let us quote the original from *Beach's American Practice*: "Neutralizing Mixture, Neutralizing Cordial, or Physic.—Take of rhubarb, pulverized, salaeratus, pulverized, peppermint plant, pulverized, equal parts. To a large teaspoonful add half a pint of boiling water; when cool, strain, sweeten with loaf sugar, and add a tablespoonful of brandy. Dose.—One or two tablespoonfuls every quarter, half, or one or two hours, according to symptoms. Use.—This is one of the most valuable preparations known for cholera morbus, cholera infantum, or summer complaint of children, diarrhea, dysentery, etc. Its operation and action appear to be a specific, if not infallible. It is excellent for pregnant women, to allay sickness and regulate the bowels."

Such are the simple directions and recommendations that have made history for the Eclectic school of medicine. Perhaps no preparation was more generally used than this simple and always harmless

cordial, or better, perhaps, sweetened infusion. As Eclectic pharmacy grew, there came changes in the composition and manner of producing neutralizing cordial. The official (*Amer. Dispensatory*) preparation was a sweetened tincture, though classed as a syrup. It contained rhubarb, potassium bicarbonate, sugar, cinnamon, golden seal, brandy, water and alcohol, and was made chiefly by percolation.

Dr. Hill sought to improve this formula, as adopted by Dr. King after the process of Dr. William S. Merrell. He recommended a process employing heat as well as percolation, and substituting pure potassium carbonate for the potassium bicarbonate of Merrell's formula, and the saleratus (impure potassium bicarbonate) of Beach's cordial. Both of these preparations contain large proportions of brandy. The process of Professor Locke, which yields the pleasantly aromatized alkaline syrup of rhubarb, we have always preferred. It more nearly resembles Beach's original, and is prepared as follows: "Take of rhubarb, coarsely ground, peppermint herb, and potassium bicarbonate, of each three ounces; boiling water, four pints; diluted alcohol, one-half pint; essence of peppermint, one-half ounce; white sugar, two pounds. Pour the boiling water upon the rhubarb, peppermint herb and potassium bicarbonate, and allow them to macerate for two hours in a warm place. Strain, and while still warm add the sugar. After the sugar has dissolved and the liquid is cold, add the diluted alcohol and the essence of peppermint. The dose is from one to four fluid drachms.

The National Formulary has a preparation intended to replace the formula of the American Dispensatory as given above. It is prepared by mixing the fluid extract and tinctures with potassium carbonate and alcohol. It has not become popular among Eclectic physicians. An effort has been recently made among Eastern Eclectics to devise a formula without sugar. We do not know whether success has as yet crowned their efforts.

Here, then, are many ways of preparing neutralizing cordial, and the essential construction of the medicine is such that in any of these forms it still remains a prime favorite with Eclectic physicians."

Hydrastis and its Alkaloids.

A carefully prepared article, giving a description of the alkaloids of golden seal and their uses, recently appeared in the *American Journal of Clinical Medicine*. It was written by Dr. J. M. French, of Milford, Mass. Dr. French is one of the few old-school writers who always seem willing to give full credit to the Eclectics for the work they have accomplished in their study of our indigenous materia medica. But, then, the doctor is a fairly good Eclectic and a firm believer in specific medication. It is an awful pity that he can not see his way clear to come right into the fold. The latchstring is on

the outside, doctor, and the fellows inside are far from being a bad sort.

The valuable abstracts from Dr. French's article which follow are published with regrets that space will not permit a reproduction of the entire article:

"*Hydrastis Canadensis*, or golden seal, has been in use as a medicine for nearly a century, but until comparatively recent years its use has been confined almost entirely to the Eclectics and herbalists, and it is to them that we are chiefly indebted for a knowledge of its properties, and for its development as a part of our *materia medica*. Although indigenous to America, its physiological and therapeutic effects have been much more thoroughly investigated abroad than in this country, outside the classes named.

"*Hydrastis* is primarily a remedy for relaxed and diseased conditions of mucous membranes. Its action is that of a tonic, promoting appetite and digestion, increasing the flow of bile and the normal secretions of the gastro-intestinal tract, while at the same time it lessens over-secretion, corrects unhealthy discharges, and restores the normal tone and function to the relaxed and diseased tissues. Its internal use is indicated in dyspepsias, which are characterized by relaxation and over-secretion, with deficient absorption, and a tongue heavily coated at the base. It also exerts a beneficial influence in cases of chronic nasal catarrh. Locally, it is used in the form of an infusion or aqueous extract as an injection in leucorrhea and gonorrhea, as a wash in various forms of sore mouth, and as a douche in nasal and bronchial catarrhs. In its general applications and effects, it resembles *nuxvomica* to some extent, while excelling it in some important respects.
* * * * The alkaloids existing in the plant are berberine, hydrastine, and canadine, which, together with the derived alkaloid hydrastinine, we will consider.

BERBERINE.

Berberine, the yellow alkaloid, is by far the most abundant, and exists in the root in proportions varying from one to three per cent., according to the conditions under which the plant is grown and the season in which it is gathered. This alkaloid is also found in many other plants, as *Berberis aquifolium*, from which it derives its name, *podophyllum peltatum*, *coptis trifolia*, *menispermum*, *calumba*, *xanthoxylum*, and various species of numerous orders. It is said to be the most widely distributed of any alkaloid in the plant world.

The chemical formula of berberine is $C_{20}H_{17}NO_4$. It occurs in yellow needles, is only slightly soluble in cold water, more so in alcohol, very soluble in hot water, and insoluble in ether. Its solutions are of a yellow color and an extremely bitter taste. The salts are of a golden yellow color, and are more soluble than the alkaloid. The acetate and the phosphate are the most soluble, while the hydrochloride is the most commonly employed in medicine. The actions of the different salts are essentially similar. * * * * *

"Berberine is indicated as a simple bitter wherever there is a lack of tonicity of the intestines, with constipation or passive relaxation; in enlargement of the spleen, where it is well used in conjunction with quinine; in menorrhagia, metrorrhagia, and subinvolution of the uterus, where it acts by causing contraction of the uterine tissues, but is inferior to hydrastine, which in turn is less efficient than hydrastinine. It is also used as an injection in leucorrhœa, gonorrhœa, etc. Lascarato states that the contraction of the spleen caused by berberine is so powerful that overdoses caused rupture of that organ, with fatal hemorrhage. When the splenic tissues are degenerated there is no action. Ergotin and digitalin, on the other hand, prevent hemorrhages by causing contraction of the bloodvessels. The specific indication for berberine is found in relaxation of muscular and connective tissue, and it has no effect upon the bloodvessels.

As a tonic, berberine is best given in minimum doses and long continued. Merck gives the dose for this purpose as from one-half grain to one and one-half grains three times a day, in pills or capsules. The standard alkaloidal granules are gr. 1-67 and gr. 1-6. In malaria as much as fifteen grains may be required daily, in divided doses; but even here gr. 1/6 every waking hour is usually sufficient. It is much more effective to keep the blood saturated with the remedy given in small doses than to give a single large dose. Berberine is pre-eminently a remedy for prolonged administration in chronic cases. It is not a remedy for any particular disease, but is one of our most effective remedies for certain conditions common to many different diseases.

HYDRASTINE.

"Hydrastine, the white alkaloid of golden seal, the colorless hydrastis of the Eclectics, is found in the root in the proportion of $\frac{1}{4}$ to $1\frac{1}{2}$ per cent, according to the quality of the plant and the mode of cultivation, etc. It is of a white color, faintly tinged with yellow, crystalline, only slightly bitter, but leaving an acrid taste in the mouth and throat. According to Squibb, it is soluble in 135 parts alcohol, 124 ether, 2 chloroform, and almost insoluble in water. Its chemical formula is $C_{21}H_{21}NO_6$. The hydrochlorate of hydrastine, or according to the revised Pharmacopeia, the hydrochloride, which is the most commonly employed in medicine, is freely soluble in water and alcohol. * * * * *

"Hydrastine muriate, 3 grains to the ounce of glycerin, is useful in some cases of granular conjunctivitis. It is also used in nasal catarrh, uterine catarrh, and leucorrhœa, both internally and locally. An aqueous solution is useful in many cases of gonorrhœa and vaginitis. Unhealthy ulcers, sloughing sores, and chancroids, are improved by the local application of the fluid extract. 'Lloyd's hydrastis' is an excellent preparation of the white alkaloid, which is recommended as an injection in genito-urinary diseases, throat diseases, diseases of the eye and ear, and internally in atonic dyspepsia, chronic gastritis and gastric catarrh, the vomiting of pregnancy, malarial diseases, and as a

tonic in convalescence. It is also used extensively as an injection in gonorrhea. It is a tonic to the nervous system. It is, when combined with strychnine and capsicum, the best substitute for alcohol, and is also a true physiological antagonist to alcohol, similar to strychnine. It resembles strychnine in its general effects, but is more slowly developed and at the same time more lasting in its effects. It gives tone to all unstriated muscular fiber; is a dryer of mucous weeping; checks hemorrhagic oozing.

"Compared with berberine, from a therapeutic point of view, the distinctive action of berberine is upon the muscular and connective tissue, while that of hydrastine is upon the capillary arterioles, through the vaso-motor nerves.

"The dose of hydrastine hydrochloride is given by Merck as from $\frac{1}{2}$ to 1 grain, every two hours if necessary. Maximum dose, single, $1\frac{1}{2}$ grain; daily, 5 grains. Squibb gives the average dose as 1-6 grain in pill. The standard alkaloidal granule is gr. 1-67, dose one to six every two to four hours, as a hepatic stimulant and general alterative to mucous membranes.

HYDRASTININE.

"Hydrastinine, an artificial alkaloid derived from hydrastine by a process of oxidation. Chemical formula, $C_{11}H_{11}NO_4$. The hydrochloride occurs in light yellowish needles or yellowish white powder, odorless and very bitter. It is very soluble in water and alcohol, and in 268 parts chloroform, and 1300 ether. * * * * *

"The primary use of hydrastinine is as a uterine hemostatic and vasoconstrictor. It is useful in any affection where it is desirable to limit the flow of blood to the abdominal and especially to the pelvic organs. Its specific use, therefore, is in restraining uterine hemorrhage. Its effects are more pronounced when the walls of the vessels are sound, less so when they are diseased. It is indicated in menorrhagia, metrorrhagia, hemorrhages at the menopause, those due to fibroid tumors of the uterus, etc. It differs in its action from ergot, in that it never causes painful contractions of the uterus, as it acts only on the uterine vessels, and not on the muscular fibers. It is slower in its action than ergot, and more lasting in its effects.

"It has sometimes been given with good effect in hemoptysis, and in such cases it should be continued for a week or more after the hemorrhage has ceased. It lessens the irritability of the motor areas in the brain, and has therefore been suggested as a remedy in epilepsy. It is probable on theoretic grounds, however, that cicutine would prove a more suitable drug for this purpose.

"The dose of hydrastinine in conditions of serious hemorrhages varies from half a grain to a grain and a half a day, in divided doses. Merck gives the maximum single dose as one-half grain. The alkaloidal method is to give 1-12 or 1-6 grain every four hours until effect. It is slow in producing its effects, but they are more permanent than those of most other drugs of a similar nature. The price of

the drug is such as to put it out of the market for ordinary uses, being given by Squibb as eighty cents for a five-grain vial. Like that of the other preparations of hydrastis, the price seems to be constantly on the increase, probably owing to the increased demand.

CANADINE.

"The third of the natural alkaloids of golden seal is known as canadine, or sometimes as xanthopuccine. Its chemical formula is $C_{21}H_{21}NO_4$. It occurs in white crystalline needles, and is found in the plant only in very minute proportions. Probably owing to this fact, it has not been made use of in medicine to any considerable extent, nor has its action been studied with the same care as has that of the other alkaloids.

"When taken in small quantities, canadine produces drowsiness, followed by complete recovery without other symptoms. In larger doses it causes a short stage of excitement, followed by depression and paralysis of the central nervous system, with weakness and arrhythmia of the heart. Its hypodermic use is followed by violent intestinal peristalsis and diarrhea.

"Hydrastis is a valuable drug, and its use is rapidly increasing. As a stomachic and general tonic, the crude drug and its galenic preparations may be employed. To produce contraction of muscular and connective tissue, berberine is the preferred agent. To cause contraction of the arterioles, hydrastine and hydrastinine are effective, and of these hydrastinine is especially superior as a uterine hemostatic."

Iris Versicolor.

This indigenous remedy is commonly known as blue flag. It is an energetic alterative and constitutes a valuable medicament in many wrongs of life. In enlargement of the thyroid gland, associated with abnormal menstruation, it is a remedial agent of superior merit, and in syphilis, with enlargement of the lymphatic glands, it is employed with much success. In some cases of the secondary form of syphilis it is said to have brought about a complete restoration to health after all of the best known remedies for this condition had been employed without benefit. The curative action of iris is supposed to depend upon its power of directly stimulating the glandular system and the skin. This influence is especially manifested in cases involving the salivary glands, pancreas and glands of the upper part of the gastrointestinal tract, including the liver. As an agent for the promotion of waste and elimination of impurities from the blood it is highly esteemed by our most eminent Eclectic authors.

The dose of the specific medicine (or a good fluid extract) is from 1 to 10 drops, but it may be efficiently employed as follows: \mathcal{R} Iris, gtt. x to \mathfrak{v} i; water \mathfrak{z} iv. Teaspoonful every two or three hours.

Close to Specific Medication.

A writer in an old school journal recently said: "Apply known remedial agents to known pathologic conditions and there is no room for chance—the results are as unerring as the multiplication table." That sounds very much like the doctrine we have been preaching for many years. Better go slow, brother, if you don't wish to be called an "irregular" and accused of practicing a "dogma."

Society Meetings
SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Los Angeles in June, 1907. E. H. Stevenson, M.D., president; J. P. Best, M.D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1907. A. E. Broga, M.D., president; E. H. King, M.D., secretary.

Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. D. P. Borden, M.D., president; Pitts Edwin Howes, M.D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth Street. V. Sillo, M.D., president; Charles Lloyd, M.D., secretary.

Kings County Eclectic Medical Society. Meets annually in February. H. Stoesser, M.D., president; M. B. Pearlstien, M.D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth Street. H. Harris, M.D., secretary.

Boston District Eclectic Medical Society. Meets the fourth Monday of each month, excepting July and August, at "The Thorndike," Boylston Street. A. W. Forbush, M.D., president; Pitts Edwin Howes, M.D., secretary.

New York Specific Medication Club.

The regular monthly meeting of the New York Specific Medication Club was held in the college parlors, 239 E. 14th st., Thursday evening, Sept. 28. In the absence of Chairman Birkenhauer, Dr. Boskowitz presided. The attendance was large, many visitors being present.

The minutes of the last meeting were approved as read. Dr. Boskowitz announced the magnificent donation made to the Lloyd Library, and upon motion the secretary was instructed to send the congratulations of the club to the trustees of the Lloyd Library.

The subject of increasing the scope of usefulness and interest of the organization brought forth many valuable suggestions. A committee of three was appointed to act upon these suggestions, and to report their recommendations at the next meeting. The committee consisted of Drs. C. W. Brandenburg, Krause and Heeve.

Dr. Heeve made a lengthy verbal report on behalf of the committee appointed to investigate "Neutralizing Cordial." He promised a full report by the beginning of the year.

Dr. Boskowitz, the essayist of the evening, presented the subject, "Some of My Favorite Combinations." Owing to the lateness of the hour he only touched five, viz.: Eclectic Compound Hydrastis pill.—Formulary of Fyfe's Materia Medica. This is the original formula of Dr. R. S. Newton.

Uterine Tonic pill.—Especially useful in young subjects suffering with heaviness in the abdominal cavity, leucorrhoea. Useful also in the

constipation of men suffering with symptoms of heaviness in the abdomen.

Compound Stillingia pill.—General eliminant and alterative.

Cardiac Tonic.—Useful in the aged and feeble, in tobacco heart, and where there is impoverished nutrition of the heart muscle.

Tonic Laxative.—Useful in oxaluria due to imperfect digestion, absorption and elimination and chronic constipation.

Most of the members present had used the combinations spoken of, and several rose to endorse the remarks of the essayist.

A unanimous vote of thanks was tendered Dr. Boskowitz for his paper.

Drs. Baetz and Leining were elected to membership.

Dr. Geo. Thompson was elected chairman for the October meeting, whereupon the society adjourned.

H. HARRIS, M. D., Secretary.

The American Institute of Homeopathy.

The National Association of Homeopathic Physicians held their meeting at Atlantic City, Sept. 10-14. There was a fine attendance and a great variety of scientific and interesting papers presented. The Association passed a strong resolution against the proposed new law in New York State establishing a mixed Board of Medical Examiners. It also urged the Homeopaths and Eclectics to make a stout fight to maintain their separate Boards in New York, Connecticut, Florida, Pennsylvania, Arkansas and Texas. The following officers were elected: President, Dr. E. B. Hooker, Hartford, Conn.; Vice-Presidents, Drs. James W. Ward, San Francisco, Cal., and W. E. Riley, Fulton, Mo.; Secretary, Dr. Frank Kraft, Cleveland, Ohio; Treasurer, Dr. T. Franklyn Smith, New York, N. Y.; Registrar, Dr. J. H. Bald, Bay City, Mich.; Necrologist, Dr. C. B. Kinyon, Ann Arbor, Mich.; Member of the Board of Censors, Dr. G. H. Quay, Cleveland, Ohio.

Meeting of the Sanitary Officers of the State of New York.

The sixth annual conference of the Sanitary Officers of the State of New York will be held at the City Hall, Syracuse, N. Y., October 24, 25 and 26, and promises to be a most interesting meeting. The program, as arranged by Dr. Porter, State Commissioner of Health, includes papers on the following interesting, vital, and up-to-date subjects: Adulteration of Foods, Meat Inspection, Value and Importance of Modern Sanitary Methods, The Scope and Value of the Sanitarium in the Anti-Tuberculosis Movement, The Powers and Duties of Local Boards of Health and Local Health Officers, The Principles of Water Purification, The Nature of Sewage and Its Proper Disposal, Gaseous Disinfectants, Fumigation for the Destruction of Insects.

There will also be addresses by the Hon. Alan C. Fobes, Mayor of Syracuse; Hon. G. H. Stillwell, President of the Chamber of Commerce; Hon. James R. Day, Chancellor of the Syracuse University.

Hon. Eugene H. Porter, M. D., State Commissioner of Health; Hon. Samuel Dixon, M. D., Commissioner of Health of the State of Pennsylvania, and Col. Chas. W. Fuller, Chairman of the State Sewage Commission of New Jersey.

Selections

THE CHILDREN'S LAXATIVE.

Cascarena a Sweet and Pleasantly Flavored Preparation—Exactly What the Practitioner Wants.

In his perplexity of choosing just the laxative or purgative he wants for a child, particularly for an infant, the physician will find that Cascarena affords a most satisfactory solution of the question.

Cascarena has several commendable properties that other laxative compounds do not possess. It is agreeable to children, being sweet and pleasantly flavored. There is no difficulty in getting them to take it, a point that mothers and nurses appreciate thoroughly. It is a happy combination of well-tried laxatives and gentle purgatives; hence it is not an experiment to prescribe Cascarena for the first time. It does not gripe or derange the digestive system; and owing to the presence of cascara sagrada it has a tonic laxative action that imparts to it double value in the treatment of the constipation of infancy and childhood. Finally, Cascarena is a thoroughly efficient and reliable therapeutic agent, from which the practitioner may confidently expect only the most satisfactory results.

Each fluidounce of Cascarena represents:

- Cascara Sagrada, 40 grains.
- Senna, 120 grains.
- Potassium and Sodium Tartrate, 24 grains.
- Chenopodium, 8 grains.
- Pumpkin Seed, 8 grains.
- Sodium Bicarbonate, 4 grains.
- Agreeably flavored with aromatics.

The dose for a very young infant is 5 to 10 drops; a child one year old may take 10 to 20 drops; older children 20 drops to one teaspoonful, according to circumstances.

Cascarena is prepared by the well-known house of Parke, Davis & Co., which is a guarantee of its reliability.

Medical Study in Germany.

According to recently published statistics, the number of medical students has been steadily decreasing in Germany. In the year 1902-1903, the total number of aspirants for medical degrees in all of the German universities was 6,232, which was

the lowest figure noted in about twenty years. The maximum was reached in 1887-1888, when 8,513 medical students were enrolled. In 1890-1891 the number of medical students to 1,000 students in all departments was 296; in 1902-1903 the proportion was only 178. In 1892-1893 more students chose medicine than any other profession, but ten years later both philosophy and law were more popular.—Record.

Book Reviews

“Journal of Therapeutics and Dietetics.” Pitts Edwin Howes, M. D., Managing editor. Published by Therapeutic Publishing Company, Boston, Mass.

We are glad to welcome this new journal edited by Dr. Howes, which is of itself a guarantee that it will be well managed, for Doctor Howes has had fine experience. Among the contributors this month we find Dr. A. W. Forbush with an excellent article on “Ergot.” Dr. Nathan Allen writes on “Constipation and its Mechanical Treatment” and Dr. J. A. Denkinger presents an exhaustive article on “Artificial Feeding of Infants.”

The journal is nicely gotten up, will be published monthly at one dollar a year. Dr. Howes is also treasurer of the publishing company and to him your subscriptions may be sent.

“Toxicology.” By Cassius M. Riley, M. D., Professor of Chemistry, etc., Barnes University. Third edition. 215 pages. Philadelphia, P. Blackiston’s Son & Co.

An admirably adapted work for the practitioner and student, giving in a concise way the chemistry, symptoms, fatal dose and period, treatment, post mortem appearance and the detection of poisons. The tabular arrangement of symptoms and post mortem appearance with the diagnosis thereof, the typographical arrangements and the illustrations add to the usefulness of the work, which we recommend.

“A Text-Book Upon the Pathogenic Bacteria.” By Joseph McFarland M. D., Professor of Pathology etc., in the Medico-Chirurgical College, Philadelphia. Fifth edition. 650 pages. Philadelphia: W. B. Saunders Company.

This edition excels in more than one respect the previous one. The value of this work has been recognized and we need not praise it further. In its new appearance it adds to the credit of both author and publisher, and we recommend it most heartily to our confreres and fellow students.

“Manual of Normal Histology.” By T. B. Marden, A. B., M. D. Professor of Histology at the Baltimore Medical College. Second edition. 234 pages. Philadelphia: W. B. Saunders Company.

This manual contains many original and practical points, very good and clear illustrations and an excellent text which makes it a work of first class in its line. Undoubtedly it will be the students’ friend,

Items

Harvard Dedication.

The new buildings of the Harvard Medical School, Boston, were dedicated September 25 and 26. The program of exercises included addresses by President Eliot, Dean Richardson, Professors J. Collins Warren, Thomas Dwight and Frederick C. Shattuck, and Mr. Charles A. Coolidge, representing the architects. The exercises were followed by demonstrations in the different laboratories. On September 26 at 11 a. m. an academic session was held at the University of Cambridge, with an oration by Prof. William H. Welch of Johns Hopkins University. Honorary degrees were conferred on several notable members of the profession. Many distinguished guests from American and foreign universities and scientific bodies were present. The officers of the alumni association gave an informal reception on Tuesday evening to the alumni and guests, and on Wednesday at 1.30 p. m. the triennial dinner was held in Memorial Hall at Cambridge. Speeches were by President Eliot, Governor Guild, members of the faculty of medicine, as well as by several invited guests.

New York Skin and Cancer Hospital, Second Avenue, Corner Nineteenth Street.

The Governors of the New York Skin and Cancer Hospital announce that Dr. L. Duncan Bulkley will give an eighth series of clinical lectures on diseases of the skin in the out-patient hall of the hospital on Wednesday afternoons, commencing November 7, 1906, at 4.15 o'clock. The course will be free to the medical profession. William C. Witter, chairman of the executive committee.

Harmlessness of Dust made from the Dessication of Tuberculous Sputum.

Cadéac declares that the dust ground from dried tuberculous sputum is harmless both to the digestive and to the respiratory passages. Not a single experiment has shown the transmission of tuberculosis by the inhalation of dust gathered from localities inhabited by tuberculous patients. The writer has demonstrated that it is almost impossible to cause the development of this disease by the inhalation of this infected dust. The dessication and the rapid conversion of sputum into flying dust are the natural means of preservation against tuberculous infection. —Le Bulletin Médical, September 5, 1906.

Physicians Try to Aid Patrick.

A petition signed by 3,500 physicians of New York State has been presented to the governor asking that a commission of experts be appointed for the purpose of settling the disputed medical point in the Patrick case. The point raised, on which the expert testimony was so conflicting, was whether the congestion of the lungs might not have been the result of the embalming fluid and not of the chloroform, which it was alleged had been administered under the direction of Patrick.

Send for the catalogue of the Eclectic Medical College, 239 E. Fourteenth street, New York City.

Be sure to read the advertisements in this number and in writing advertisers kindly mention the Review.

The globe-trotters, Drs. Sillo and Graf, have returned, looking well and happy.

The genial manager of the Norwich Pharmacal Co., Mr. Harry Noonan, was married on the 20th of September to Miss Elizabeth Genevieve Dwyer.

Fine portrait and biography of the dean in the September Gleaner.

First meeting of the Specific Medication Club was a great success. Attendance was good and discussions lively.

College opened with a fine class.

Don't apologize for being late—but send the subscription right along.

Keep in touch with the nominees for Senate and Assembly. There will be something doing this winter.

Are you getting ready for the Los Angeles trip? Can't prepare too early.

Dr. Arthur Knight died on September 16.

"Papa" was beautifully "caned" by the Eclectic R. & G. Club of New York on the occasion of his fiftieth birthday.

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

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NO. 11.

Medical Laws; A Warning.

The present medical law, which provides three examining boards, and which places the three schools on an equal footing, will be attacked this winter and a bill providing for a single mixed board will be introduced. We will be promised fair treatment and representation on this board, but "what a chance." Eclecticism never stood better in this State; a good, clean college in the metropolis, whose students have been a credit to us, county and local societies in perfect harmony with the College and State Society, with "progress and harmony" the watchword at our annual State meetings. With this condition of affairs is it wise to think of changing the present medical law without better reasons than those which were presented last year. We are sure that the legislators of this great State will see the folly (and the Ethiopian) in this cry for a change in the present medical law. Every Eclectic, every liberal physician in the State should see his Senator and Assemblyman at once and explain the situation. Don't delay! If they are posted as to the real condition you can feel sure of fair play from the legislators of this State. Again we beg you to realize the situation before it is too late. Be watchful; don't wait for somebody else to act; realize that you must take part, no matter in what corner of the State you are situated.

A Headache Case.

In the latter part of September a young man called at my office who said he he was suffering from a severe headache. The pain in the frontal region was intense and over the left eye he said it was beyond human endurance. He had recently arrived home from a visit to the mountains, and was feeling very well until attacked on the previous day by the terrible headache from which he now complained. On careful investigation of the patient's condition no cause for his affliction could be discovered. His appetite was good, his bowels were regular in their action, his tongue was clean, his pulse seventy-six and his

temperature normal. It was certain that the man was in great agony, and, whatever might be the cause of his departure from health, there was apparently but one thing to do, and that was to give the patient rhus tox. and gelsemium and await results. The next morning I was called to the man's home, and there found that his headache had not greatly improved, and that no further symptoms had developed. Still, the headache had to be reckoned with, and some cause for its existence had to be found. In reviewing the patient's condition and the history of the case I excluded every disease frequently presented for treatment until I came to typhoid fever, but here I paused, and finally told the man's wife that her husband had typhoid fever. This was doubted by the friends of the family and I decided to call eminent counsel. The physician called confirmed my diagnosis, and it was justified later by the development of a typical case of typhoid fever, which yielded to treatment in about twenty-one days.

All headaches have a cause—they are but symptoms—and unless they promptly disappear on being properly treated, they should be thoughtfully watched.

J. W. F.

Creeping Out.

My daily mail, for more than ten years previous to about a year and a half ago, always contained at least one "get rich quick" circular, and many times it brought to my desk half a dozen productions of this character. But the exposures of these frauds by some of the popular magazines caused the "promoters" of these swindling schemes to keep in the shade for a considerable time, waiting for the storm to blow over. Now the sky must look a little clearer to them, for they are beginning to creep cautiously out of the holes into which they were driven by Taylor, Lawson and other fearless writers. But even the vivid presentation to public view of the ugly nakedness of these rascals has had but a momentary restraining influence over them. Probably nothing short of more stringent postal laws can do much toward protecting the public from their swindling operations.

To-day I received a letter from one of these fake concerns which was unusually well adapted to deceiving the unwary. In fact, its kindly and friendly nature was well calculated to soften the heart and secure the confidence of even an Apache Indian. After several complimentary remarks of a nature likely to appeal to one's vanity and self-esteem, it stated that a friend had recommended me to the company as a man who "always knew a good thing when it was shown to him," and that they had just that thing in the form of mining stock to which they were anxious to call my attention as a favor to the "dear friend" who had so kindly recommended me to them. The writer said he was secretary and treasurer of "The ——— Mining Company," a corporation which was paying enormous profits, notwithstanding the fact that it was laboring under the disadvantage of a lack of sufficient capital to obtain

all the machinery necessary to develop the full money-making capacity of the mines owned by the company; that the stock offered me through the influence of my friend was worth double the price that I could have it for, and that none of the company's stock would be sold to any man who was not recommended as an "upright business man."

No sensible person need be deceived by such circular letters as the one referred to. A dishonest intent is apparent in every line, and yet thousands of people are being robbed by the rascals who send out these circulars. Although this fact has been substantiated beyond a peradventure, it is extremely difficult to realize that such is the case, for even the most simple-minded ought to know that a reliable company having a safe investment to offer could obtain all needed funds without begging doctors and others to send them a few dollars each.

J. W. F.

Original Articles

Asclepias Cornuti in Epithelioma.

BY W. J. KRAUSI, M.D.

In presenting the following notes upon *asclepias cornuti*, I would ask your indulgence and pardon for the somewhat disconnected character of my paper. The apparent reason for such disconnection and variation in the therapeutic and physiological action and clinical uses of *asclepias cornuti* has been largely, in my opinion, due to the confusion of the plant or plants under consideration, and the want of investigation of each plant of the genus *asclepiadaceae*. Also, it should be well borne in mind that in testing plants for their physiological or therapeutic value, even in the hight of their medicinal season, their composition is not always the same. Since there is a marked appreciable variation in the proportion of their natural salts or other constituents. Most works on *Materia Medica* either do not mention any distinct variety of the genus *asclepias*, or group the entire family of plants under one heading, believing, evidently, that because they belong to one family that their therapeutic activities are alike. As a matter of fact there are over 60 varieties of the genus *asclepias* and each plant, to a very large degree, as far as I can gather from literature and my personal observations, has distinct therapeutic, physiologic and toxical activities.

Asclepias cornuti is commonly known as milkweed, wild cotton, common silkweed, etc. Has simple stems, and grows from 2 to 4½ feet high, along country roadsides and waste places. The flowers are of a pale, whitish purple color and of a very sweet scented and sickly odor, very much resembling in odor our farm-yard garden tuberose. The flowers are in clusters ranging from

20 to 40 flowers, blooming during the months of July and August, though I have seen some plants in bloom in the state of New Jersey as late as the middle of September. The pod or follicle when "ripe" is covered with sharp weak prickles, and contains a large quantity of silky down interspersed with fine seeds. Many country people in olden times used the silky down for pillows and bedding for babies. The stem of the plant breaks with a short fracture, particularly when dry, exhibiting a thick bark containing slender "milk" vessels. The wood is porous, with broad medullary stripes. The root is horizontal, a foot or more in length. When any part of the plant is injured it "weeps" a milk-like pasty, sticky fluid having the odor somewhat of crushed oats, of a bitterish acid taste.

Asclepias cornuti is also known and described by some authors as "*asclepias syriaca*." Scudder in his *Eclectic Materia Medica*, describes *asclepias cornuti* under the name of *asclepias syriaca*. Merrell's *Digest of Materia Medica* also describes it under the name of *syriaca*. In King and Lloyd's *American Dispensatory*, which contains a very good, clear and useful description of the plant, it is described under its proper name.

A number of analytical-chemical examinations have been made of *asclepias cornuti*, harmonizing in the main, though differing in the quantitative results. There appears to be but little exact therapeutic information to be gleaned from the literature on *asclepias cornuti*. What little there is is largely empirical, though certain prominent clinical results, or drug activity, have been recognized by the more careful observers, particularly Eclectic practitioners. In 1844, Dr. Schultz (*Pharmaceutical Centralblatt*) found in 80 parts of the plant, 69 of water, 3 to 5 of waxlike fatty matter, 5 of caoutchouc gum, sugar and acetic acid. In 1849 C. List (*Liebig's Annalen*) found the chief solid ingredient of the juice to be a peculiar crystalline substance, which he named *asclepion*, having the chemical formula of $C_{20}H_{34}O_3$, which appears to be allied to lactucone, the crystalline principle of lactucarium or garden lettuce, which has a formula of $C_{16}H_{26}O$. King and Lloyd's *American Dispensatory* claims that *asclepias cornuti*, particularly the root, "is tonic, diuretic, alterative, emmenagogue, purgative and emetic; and in large doses, stimulant and anthelmintic," claiming to have been found useful in "gonorrhea, dropsy, retention of urine, asthma, dyspepsia, cough, dyspnea, constipation, primary syphilis, scrofulous and rheumatic disorders and heart stimulant." Giving the dose of the fluid extract at from 10 to 60 drops.

Scudder, in his *Eclectic Materia Medica and Therapeutics*, under the caption of *asclepias syriaca*, says that the drug is "diaphoretic, expectorant, diuretic and anodyne," claiming that it has properties like or similar to *asclepias tuberosa*.

In Merrell's *Digest of Materia Medica and Pharmacy*, under

the heading of *Asclepias Syriaca*, I find that the root is used "in dropsy—hepatic, renal or cardiac, and in that following scarlatina and variola, congestive headache from suppression of urine or sweat, and those forms of nervous headache following profuse urination or sweating. It causes diaphoresis and augments the urinary secretion, the solid constituents of which are largely increased. It has proved valuable in rheumatic inflammations of the large joints." Dose 5 to 30 grains of the powdered root.

In Cowperthwait's text-book of materia medica (Homeopathic) under the "general analysis," he says *asclepias cornuti* acts "through the nervous system upon the liver, secondarily producing serous and mucous fluxes and diaphoresis." Giving many indications for its use, the therapeutic range being "congestion and nervous headache, diarrhea, uremia of pregnant women, post scarlatinal dropsy, renal dropsy, cardiac dropsy, anasarca from sudden check of perspiration, gonorrhea and gleet, rheumatism, influenza, bronchitis."

My own clinical experience in the internal use of *asclepias cornuti*, leads me to believe that its physiological action is very much like *digitalis*, though in a mild form, and that it differs from *digitalis* in that it does not cause, no matter how largely administered, a retention of the urinary products; but acts as a continuous urinary eliminant, which is easily demonstrated by the increase in the urinary solids excreted during its administration. Also its action upon the heart is somewhat like *apocynum canabinum*, normalizing the rhythm and tone without increasing the force, helping the heart in its work without forcing it into abnormal increased activity. No doubt its diaphoretic properties assist very materially in producing tone and equalization in the capillary circulation. My experience with the internal uses of *asclepias cornuti* is largely limited to diseases like arthritis of gonorrheal, gouty and syphilitic origin.

As to *asclepias cornuti*'s uses externally I find absolutely no mention in its literature. It is to the external use of its milky fluid or juice that I wish to call your special attention. Some years ago my attention was called to the possible remedial value of the milky fluid from the green plant. Mr. R. had a warty growth near the nasal fosse on left cheek. This warty growth became larger, finally broke down and began discharging. The local doctor made a diagnosis of cancer and advised operation. The patient, not willing to be operated on, went to Rome, N. Y., to see a cancer specialist, who also made a diagnosis of cancer, but whose fees for a cure were beyond the patient's means. He returned home, and upon the advice of a neighbor, used the fresh milky juice of *asclepias cornuti* five or six times per day, rubbing the juice well into the ulcer. In a short time a marked change

occurred in the ulcer. The discharge became less, gradually and finally healing the ulcer. No recurrence.

Mr. S. had a discharging ulcer in external corner of left eyelid; very painful; became larger. Was told by doctors that it was a "skin cancer." I advised the use of fresh juice of *asclepias cornuti*. After a few weeks, improvement became marked and finally a complete cure resulted. No recurrence.

Mr. F. had discharging ulcer on bridge of nose. Village doctor said it appeared cancerous; thought it best to operate immediately. I advised the use of the fresh juice of *asclepias cornuti*. A quick cure resulted. There was a slight recurrence in a few months. Being the fall of the year there was some difficulty in getting the fresh plant; the root was used to rub on the new ulcer. A quick cure resulted. No recurrence.

No internal treatment was used in any of the above cases.

Mrs. D. came under my treatment for a large discharging ulcer located at the orbital arch at about the angular process, extending into the orbit. Made a diagnosis of epithelioma. Gave internally tonics, applied externally various lotions. No results; ulcer became worse. The patient living in the country suggested the use of the juice of milkweed. After its application four or five times per day for a week ulcer began to look better, discharge became less. Continued internal medication. After about two months' treatment with the milk juice the ulcer was entirely cured. Recurrence followed on the head of four distinct ulcers on the temporal, parietal and occipital bones. Being winter, used only the root in infusion and otherwise; no results. The ulcers finally coalesced, became colloid, patient died.

In the application of the fresh juice it forms, in the first instance, apparently, a membrane, then exhibits, not a caustic action, but appears to act as a digestant to the cancerous ulceration, gradually removing the diseased and broken-down tissue till a healthy base or zone is manifested by the ulcer. The juice does not appear to affect the normal or healthy tissue, other than to stimulate healthy granulations.

The question presents itself, Were these cases really cancerous, or were they simply indolent ulcers? No microscopical examinations of the diseased tissues were made in any of the above cases, and if such examinations had been made would it have aided in making a clean cut, absolutely reliable, differential diagnosis between simple ulceration and epithelioma?

My experience in micro-pathologic examinations leads me to believe that the modern micro-pathologist needs something more than tissue differentiation to establish positive diagnosis between benign and malignant ulcers.

Brooklyn, N. Y.

La Grippe and its Treatment.

BY C. C. EDSON, M.D.

My Dear Doctor:

I note from the Review that you appear to be friendly toward the "tissue remedies," as all good Eclectics should be for anything that cures. As the season is near at hand for that dread disease la grippe, I wish in a few words to give you my treatment therefor, that has for years been eminently satisfactory to me, and especially so to my patrons. This disease is usually ushered in by a general malaise, aching, pain and soreness of the entire anatomy; sometimes with febrile symptoms and sometimes not. For either, or both of these conditions, ferri phos. is the remedy. In fact, it is usually the principal remedy throughout the entire run of the disease. If you have a sore throat, or a white coated tongue, kali mur. will promptly relieve that condition. If the patient is worse in the afternoon, or has chilly sensations, especially along the spine—little chills chasing each other up and down the back—kali sulph. is the remedy. If the patient is nervous kali phos. soon soothes them to quietness. If sneezing is present with watery secretions from eyes or nostrils, as is frequently the case, and often one of the first symptoms, natrum mur. is called for.

Frequently we find two, three or even four of these remedies indicated in the same case, when they can be used alternately or in combination. I prefer the latter. I use the 3X powders. Select the indicated remedies, pour out an equal amount of each and mix them thoroughly; then measure out a single dose as a sample, usually from three to five grains, and instruct the patient or nurse to give about that amount on the tongue dry every thirty minutes until a decided improvement is noted. Then extend the intervals to an hour, and later on to two and three hours. I instruct that the patient shall continue the remedy until all is taken, no matter how well they may feel. I allow the patient to drink no water with or directly after taking the medicine, but drink freely before or between doses. If hot water is partaken of freely, results are much more rapid. In nearly all cases treatment should be preceded with an active cathartic. For adults I find the old Eclectic "anti-bilious physic," given in full doses mixed with boiling water and drank as hot as possible, acts promptly and decisive, although gently. For children, any mild cathartic, except calomel, which should never be given in conjunction with the tissue remedies, if, in fact, with any other—a matter which I very much doubt.

In any other conditions where these indications are distinct or well marked these remedies will work equally well. In fact, I derive more satisfaction from the use of these remedies than from any others I have had the pleasure of using in nearly a lifetime in the practice of medicine. They are pleasant to take, especially

for children, as well as efficient if indications are well marked. Only be sure you have the best. I use only Luyties. Later on I may tell you how I cure asthma with these remedies only.

Veedersburg, Ind.

A Case of Obsession.

BY J. THORNTON SIBLEY, A.M., M.D.

The word obsession has been so variously defined by different lexicographers that it does not convey to all persons the same meaning, and while no one definition given is at the same time exact and comprehensive, for the purposes of this paper I will accept the definition given in one of the most popular medical dictionaries of the times: "Possession by a demon."

With some the existence of a demon is denied, and to such this definition is meaningless. In certain religious bodies obsession means possessed by a low or vile order of human intelligence; with some it means demoniacal possession; and others give to the word other meanings. Some construe the word to mean that the object of the obsession is made the magnetic or hypnotic power of another, who causes the object obsessed to do his bidding, which is usually of a harmful nature. In lecturing at the Manhattan State Hospital on Ward's Island I have seen cases of pure obsession, some of whom, no doubt, could be benefited by suggestive treatment; for I have treated a number of cases during the past few years whose symptoms were more aggravated than those mentioned, and whose delusions were more fantastical and fixed. Treating obsession by suggestion is no new thing. The voluminous records of the times tell us that three-quarters of a century ago, in the hospitals of India, many cases of insanity were completely cured by Drs. Esdaile and Kean by what was then known as animal magnetism, a form of suggestive therapeutics. A study of the character of the cases treated leads to the conclusion that many of them were obsessed. In very recent years Dr. Voisin, an eminent specialist of Paris, has cured by hypnotic suggestion many cases of insanity that had been declared hopeless. It is generally conceded by those most competent to judge that the larger part of the cases of insanity in the hospitals and asylums for such are purely functional in their character, and therefore suggestion is indicated. Specific medication is scientific medication, and the treatment of functional insanity by suggestion is specific medication pure and simple.

With savage nations the character and functions of the demons by which those obsessed are disturbed, are those given to the human soul, more or less modified; but in spite of these modifications, whether the demon is considered an ordinary ghost or something with part of the human qualities lost, nevertheless, with them

the human soul furnished the model for all demons. Many diseases were formerly supposed to be caused by demon possession, especially epilepsy and insanity. The ravings of the insane were supposed to be the promptings of the demon within, and the theory of demoniacal possession as a cause of disease still has some following among savage nations. Father Gassner, the learned Priest of Suabia, nearly a hundred years ago held to this theory, and his success in relieving by exorcism and prayer many who were obsessed was the marvel of the times.

In the light of modern science and with a better insight into psychological phenomena, it is plain that Gassner's cures were made through the power of suggestion. The following case, typical in its character, will illustrate the use of suggestion in cases of obsession: Three years ago a young widow, thirty-two years of age, called at my office saying that she had been sent to me by an eminent physician of New York. I wish to state just here that this woman was not insane in any sense, but was plainly obsessed. This was her story, which was fully verified: She had lost her husband a few months before and had been deeply grieved and distressed. In her melancholy desperation she visited the "developing circle" of a well-known medium. During a period of a month she sat frequently in this circle, in the hope that she would herself so develop her psychic powers that she would be able to communicate with her husband. She was a woman of strong will power, well educated, intelligent to a high degree, exceedingly refined and cultured, and very religious. After a month's development she was overjoyed to hear a voice saying to her that the same was that of her husband, who in the "Home over there" was experiencing the greatest happiness because he was able to communicate with her. The following two months were months of delirious happiness. For hours at a time she would sit and converse with her husband, who was even more tender in speech and more solicitous of her welfare than he had been when in the flesh. Then there came a great change. The voice, instead of coming from her husband, seemed to come from some demon, who used the foulest language toward her and called her the vilest names. She heard the voice constantly, and nothing that she could do would stop it. In the day time it annoyed her in every way, and prevented her from properly conducting her affairs. It gave her neither rest nor peace. At night it kept her awake and threatened her with the most horrible death if she dared to sleep. These conditions grew worse day by day until in despair she sought her physician for relief. He laughed at her, called her foolish and told her to go home and forget these things. She consulted other physicians, who thought her insane. She then consulted a well-known psychic healer, who told her to read up on her case and use her will power. By this time she was desperate, and had

she not had relief soon from the great mental strain she would no doubt have lost her reason. In this dreadful state she came to me. She had not averaged an hour's sleep a night for ten nights. She was a perfect picture of mental anguish and physical weakness. She was very thin, with no appetite, and the functions of some of the physical organs perverted or partially suspended. She was readily psychologized, although the state of passivity never reached the degree of unconsciousness.

She received the first treatment at 5 o'clock in the afternoon and she slept about seven hours that night. Upon awakening the voice was just as clear, persistent and annoying as ever. It was a week or ten days before she experienced any relief during waking hours, although the nights were passed in deep refreshing sleep. In about two weeks the voice began to get weaker and spoke at intervals. At the end of a month she could not hear the voice, though she insisted that she could feel it, and she was still considerably annoyed. This sensation or impression gradually grew less pronounced, and at the expiration of two months she felt the voice at long intervals only. From the beginning of treatment her appetite improved very much, and her physical condition soon became good. At the end of three months the patient was discharged, perfectly free from the obsession, in splendid physical condition, extremely grateful and exceedingly happy.

Intra Uterine Medication.

BY C. WOODWARD, M.D.

During the first week of July, 1906, a married woman came to me for examination. She was suffering from a continual backache and the mons veneris was affected with crop after crop of small vesicles filled with a serous fluid. She stated that two years previous, when enceinte a primipara and at five months of gestation, she had injured herself while stepping from a car and aborted on the fifth day following the accident. A year later menstruation became quite irregular, appearing at 15, 21, 24 and 35 days. An examination determined subinvolution and retroversion of the uterus. In retroversion the muscular fibers are always in an atonic condition, never able to empty the uterus completely during the cessation of menstruation; and the retained blood decomposing is absorbed. In this particular case there can be no doubt that this was the cause of the mons veneris being affected with phlytaena.

An article concerning uterine diseases which appears in any medical journal, and in which the writer does not describe the patient's general condition, may be regarded as worthless because the reader is unable to comprehend in what manner the results were obtained from the treatment unless he can gain some idea of the cause of the disease. In the case of this married woman I found

that she ate too heartily; that is, a great deal more than her system required. Her long-continued use of cathartics had developed hypersecretion (or catarrh) of the bowels. In this condition she was always tired and languid. Her complexion was the color of tanned leather. There was also hyperaesthesia of the abdomen, anemia of the blood and skin, a perverted circulation and exudations from the throat and uterus.

Treatment:

R—Specific Ergot, $\bar{3}$ ss.
 Specific Echinacea, $\bar{3}$ ss.
 Hamamelis Distil., $\bar{3}$ ss.
 Glycerine, $\bar{3}$ ss.
 Aqua q. s., $\bar{3}$ iv.

Misce. Signa: One teaspoonful every three hours.

Her uterus was swabbed once and washed out twice every week with antiseptics and dehydrating packs were inserted against the cervix, as per instructions given in Intra Uterine Medication. After three months of this treatment her uterus assumed its normal position, menstruation appeared every twenty-eight days and her general health was much improved. It seems almost incredible that such a simple treatment restored this woman to a comparatively healthy condition in so short a time. I instructed her how to get rid of her false, craving appetite and how to acquire a natural one which would satisfy hunger as soon as sufficient nourishment had been taken for the requirements of the system. These obstacles to assimilation and metabolism having been removed, the latter resumed their natural function—that of cleaning house for the system—and resulted in the recovery of health.

Chicago, Ill.

A Useful Febrifuge Compound.

BY JOHN ALBERT BURNETT, M.D.

Most physicians have favorite compounds which they use with good results. The following is a useful febrifuge compound:

R Specific gelsemium, $\bar{5}$ ii.
 Specific jaborandi $\bar{5}$ i.

M. Sig. Dose 10 or 15 drops every one or two hours, as needed.

This compound will relax the system and act as a diaphoretic. It is of especial value in malarial fevers in sthenic patients when the secretions are not active. It will prevent a chill if commenced in time to have the patient in a sweat when the chill is due, and will not only abort the chill but the fever also. When used as a febrifuge it can be used free enough to control the temperature or until the physiological effect of both drugs are produced, that of sweating freely from the jaborandi and the double vision from

the gelsemium. These are two valuable drugs, but according to my experience both of them must be given in doses sufficient to have the desired effect. I have never seen any effect from either one of them when used in minute doses. This compound in connection with specific chionanthus will be sufficient for many cases of bilious fever and catarrhal jaundice when accompanied by fever. It will also cover many conditions in grippe pneumonia in the first stages, etc. It is a useful compound and will meet about as many pathological conditions as Dr. Cooper's "G. B." (gelsemium and bryonia) compound. See his article "The G. B.," Feb., 1906, Eclectic Medical Journal. Many cases of dysmenorrhoea caused by taking cold can be relieved by the gelsemium and jaborandi mixture.

Dr. Pierce, in the Medical Summary for March, 1904, page 28, has the following to say: "Let us again state that jaborandi with gelsemium in large doses repeated often is just about a specific in true croup, as well as in diphtheritic and mucous croup, and far superior to iodized calcium." There are many drugs that can be combined together and the action of each increased and pathological conditions cured that cannot be reached by any single drug. Good combinations of remedies will always be used. The single remedy will never take their place entirely.

Dean Spring, Ark.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

The First Row in My Medicine Case.

NO. XI. PULSATILLA.

The progressive therapist has long since become familiar with the many uses and great value of the old remedies referred to in this series of articles. But it is not for the instruction of old practitioners that these articles are written. On the contrary, they are prepared for the sole purpose of aiding young Eclectics in judiciously selecting such drugs as they will find by experience to be absolutely essential to their success as general practitioners of medicine.

While there are many other fields in which pulsatilla is known to possess great curative power, it is especially adapted to the treatment of diseases peculiar to women.

In many instances female patients are seen who are very despondent, extremely nervous, and feel that something awful, they know not what, is about to happen to them. Their constant fear makes it im-

possible for them to sleep for any great length of time. They shed tears frequently without any real cause for doing so. A careful examination of such a patient often fails to reveal the least physical wrong, and yet there is no mistaking the fact that their sufferings are very great. A patient afflicted in this way should be given every two hours a teaspoonful of a mixture consisting of thirty drops of *pulsatilla* and four ounces of water, with the positive assurance that the medication will restore her to perfect health.

In amenorrhoea, especially when accompanied by mental disturbance and apprehension of approaching misfortune, *pulsatilla* is one of our most reliable drugs, and it is also of great value in cases associated with an abnormal condition of the organs of reproduction. It increases the tone and functional activity of these organs, and overcomes irregular and deficient power. In uterine diseases, especially when characterized by despondency or hysteria, it has no equal, and in difficult, suppressed or irregular menstruation it will do much toward bringing about a normal condition. In the relaxed and atonic conditions which are sometimes apparent during pregnancy it will restore tone to the organs engaged in the process of gestation and favor a normal labor. In general nervous irritation, with a tendency to convulsive states, *pulsatilla* constitutes a promptly acting remedial agent, and in nervous exhaustion, when the pulse is feeble, the capillary circulation deficient and the extremities cold, together with a relaxed physical condition, it constitutes a medicament which can be employed with an assurance of beneficial results. *Pulsatilla* is also a most useful remedy when there are leucorrhœal discharges, attended with pain in the loins, tenesmus, irregularities, short, shooting pains, burning, weariness, loss of appetite and general derangement of the nervous system. In gonorrhœal orchitis it constitutes an excellent remedy to combine with *phytolacca*, both for external and internal use.

Pulsatilla is more especially indicated in the absence of acute inflammation, determination of blood and high fever, but if the specific indications are marked their presence may be disregarded.

The following are among the most frequently met with specific indications for the exhibition of *pulsatilla*: Irritation of the nervous system associated with wrongs of the reproductive organs of both men and women; menses scanty or tardy; sense of fullness and weakness in back and hips of women; nervousness, despondency, and fear of impending danger; conditions in which the patient is frequently moved to tears, even in sleep in extreme cases, and still she is unable to give any sufficient reason for doing so; nervousness with sleeplessness; head symptoms common to functional affections of the reproductive organs of both men and women; nervous conditions caused by over-mental exertion, or the excessive use of tobacco.

The dose of specific *pulsatilla* (or a good fluid extract) is from 1

to 5 drops, but its best influence is obtained by employing it as follows: \mathcal{R} Pulsatilla, gtt. x to xxx; water, \mathfrak{z} iv. Teaspoonful every hour to every three hours.

Cocaine.

An exhaustive article on "Coca and Cocaine" appeared in the October issue of the *American Journal of Clinical Medicine*. It was written by Dr. J. M. French, of Milford, Mass., in the careful and liberal style which always characterizes his productions. In part the doctor speaks of cocaine as follows:

"In man, the most important effects of cocaine are produced upon the central nervous system and the sensory nerves. Its primary action is that of a gentle stimulant, and in small does this is its principal action. It stimulates digestion and respiration, increases the heart's action and raises the arterial tension, augments the irritability of the sensory nerves, promotes the flow of blood to the brain, causes wakefulness and increased mental activity, and lessens the sense of hunger and of fatigue. It increases the amount of water thrown off by the kidneys, but by checking the retrograde metamorphosis of tissue it lessens the waste, according to most authorities, although one observer reports a notable increase in the excretion of uric and phosphoric acids, with an increased exhalation of carbonic acid from the lungs. Its secondary effect is to increase the peripheral circulation, flush the surface, and raise the body-temperature, at least upon the surface. It also dilates the pupil, and this occurs whether it is applied locally or taken internally.

"When large doses are taken, the primary stimulant effects are fleeting and the heart and respiration quickly begin to show signs of embarrassment. The pulse becomes small, rapid, and intermitting, and the heart seems at intervals to stand still in systole. The respiration is slow and shallow, with a sense of tightness across the chest. The skin becomes cold and clammy, the blood-pressure falls, and the man has a sense of impending dissolution. The cerebral activity is depressed, and there is somnolence and lessened power of co-ordination, with marked hallucinations and delirium. If the dose is a lethal one, the paralysis extends to the motor ganglia of the heart, the posterior columns of the cord, the sensory nerves, and the respiratory centers. Death ensues from paralysis of the respiration. These symptoms so closely resemble those produced by the fluid extract of coca, as to make it evident that cocaine well represents the coca plant as a whole.

"Alarming symptoms have been produced by the hypodermic injection of as little as 1-8 grain of cocaine in susceptible persons. Myrtle reports that he dropped three minims of a three per cent solution into each eye, when at once the patient experienced a sensation of numbness in the back of the tongue and throat, with palpitation, and threatened syncope and nausea. Whistler, after the application of a four

per cent solution to the nasal cavity, noted vertigo and threatened syncope. Rickett's patient, after the use of a similar solution in glossitis, became moribund. Baker mentions a case in which the injection of one grain into the gums by a dentist produced death in a few minutes.

"Van Renterghem thus describes the effects of his experiments in testing the action of cocaine in his own person :

"Between noon and four p. m., he took ten doses of Merck's pure cocaine, each of ten centigrams, about 1.5 grains. The drug was allowed to dissolve in the mouth, that the local effect could be studied at the same time. During the four hours, he took 870 milligrams of cocaine, or about 14 grains. After the second dose he felt no longer the slight tendency to sleep which had ensued after a bad night. After the third dose an agreeable sensation, like that of slight alcoholism. Cerebral activity ensued, he worked with pleasure, thoughts followed each other quickly, the judgment was more prompt. The humor was gay; he felt benevolence for all the world. This state was maintained throughout the experiment. After the seventh dose he perceived an agreeable warmth, the face was red, the pulse was accelerated, the respiration normal. He felt the desire to talk without cessation, and to be in movement. He felt the capacity to lift great weights. These symptoms lasted three hours after the last dose, then gradually subsided, so that by 11 p. m. in the evening everything had returned to the normal state. At noon the pulse was 74, the temperature 37.4° C. in the armpit; when the last dose was taken, pulse 110 to 120, temperature 37.4° in the anus, 37.9° under the arm. At 11, when retiring, temperature under the arm 37.4°, pulse 76. During the evening, which was passed in the theater, he felt no exhaustion, no fatigue. Dining at 4:30, he felt no hunger, but ate mechanically as was his custom. The loss of taste may have explained this. He would have been as well satisfied to miss the meal. Digestion was good. No effect on the stools or the urine. Retired at 11:30, after a light repast, and passed a good night. At the moment of retiring he felt head a little contracted, slight indication of aching in the forehead, above the eyes, and at the vertex. Next morning this lasted till noon."

"The local action of cocaine is that of an anesthetic. This effect is produced through its paralyzing influence upon the terminations of the sensory nerves. It must be noted, however, that this action is not manifested alike upon nerve-filaments, but is shown especially upon those which convey the impressions of pain and touch. The exact researches of Kiesow have shown that sensations of heat and cold are recognized as readily in the cocainized as in the unaffected parts of the body. Cocaine applied to the tongue causes it to lose the taste of bitter substances, while sweet and sour liquids only partially lose their taste, and salt is recognized as readily as usual. When applied to the nasal mucous membrane it loses the sense of smell entirely. Insensibility to pain and touch may be induced in any of the mucous membranes of the

body that can be reached, by absorption through simple contact. It is scarcely absorbed through the unbroken skin, but may be introduced by cataphoresis. The deeper structures may be anesthetized by hypodermic injection. In whatever way it reaches the nerve filaments, it blanches the tissues and produces a profound but temporary anesthesia. The blanching or pallor of the membranes points to the action of the drug upon the vasomotor nerves, and through them upon the walls of the vessels.

"Cocaine was first introduced into medical practice as a local anesthetic in diseases of and operations upon the eye, and it is still more frequently employed here than in any other part of the body. Along with the local anesthesia it produces contraction of the vessels of the conjunctiva, followed by dilation of the pupil and partial loss of accommodation. The symptoms of local anesthesia come on in from one to three minutes after its application, and last from five to fifteen. The dilation of the pupil appears in ten or twenty minutes, and lasts hours, or it may be a whole day. Solutions of one and two per cent are strong enough for use in the eye, while the strength of hypodermic injections should vary from two to ten per cent.

"When injected into the spinal canal, cocaine acts as a remarkably efficient general anesthetic. One-fourth of a grain injected by this method produces complete anesthesia of the lower extremities in ten minutes, and of the upper portions of the body in twenty or thirty minutes, and lasting from one to four hours. The consciousness is not affected in any way. This method of employment has had unpleasant effects in some cases, and is not free from danger. Profound collapse has frequently occurred, and fatal results have followed in a few instances.

* * * * *

"The cocaine habit is a most seductive and dangerous one, and for a number of years after the general adoption of the drug as a local anesthetic in 1884, its use as a habit-drug rapidly increased, until the *British Medical Journal* declared that it was the third great scourge of the world, alcohol and opium being the first and second. Judging by the relative importance given to this subject and the report of cases at the present time as compared with ten or fifteen years ago, there would seem to be ground for hope that its use is now decreasing. Crothers states that cocaine takers are usually past thirty, and that the most of them have taken alcohol or opium or both with other drugs for their effects before cocaine was used.

"Very few persons become cocaine users without previous addiction to drugs of some kind. Many cases are those of invalids who use bitters and secret drugs for some real or fancied trouble, and who find a panacea in cocaine, and soon become addicted to its use. A large proportion of its victims are professional men. Some persons begin its use for the relief of diseases of the throat, and catarrhal affections; others use it to relieve the depression and nervousness following the

use of spirits, and to cover up its effects. A physician's prescription containing cocaine has in some cases been followed by such marked relief as to demand its continuous use. Seldom, if ever, however, can a case of cocaine using be traced to its use in a surgical operation. In a Connecticut village a prescription for cocaine in catarrh became so popular that at one time there were nearly one hundred person using it. Then its contents became known and its use was forbidden. At least four of these persons became cocaine habitues.

However the habit is acquired, it is damning in its effects, and more rapidly destructive to the moral nature of the user than is that of any other known drug. It is therefore very desirable that the physician should be on his guard against its specious effects.

* * * * *

"Waugh cautions physicians never to give a patient cocaine in such a shape that he will know what he is taking or be able to supply himself with the same drug without the doctor's aid. He adds that no man knows whether he is safe from the allurements of the drug until he has tried it, and when he has made the trial he cannot stop it if he is one of that class who would prove liable to the habit.

"There is nothing that the cocaine addict will not do to get the drug. He has no shame, nor moral sense, no feeling of responsibility to God or man, no care for his family, no religious principle, no regard for the truth, honor or virtue. His soul is dead."

Differentiation of Cardiac Drugs.

The *Lancet* recently published the substance of a valuable article in which a French writer compared the therapeutic action of a number of the prominent drugs commonly employed in diseases of the heart in a most comprehensive manner. In part the writer says:

"It is pointed out that the use of digitalis should be restricted to cases of a weak, rapid, easily compressible pulse, accompanied by cyanosis, dyspnea, or edema and insufficiency of the aortic or mitral valve. But it should not be given when the pulse is full, firm and slow, or when there is stenosis of the aortic and mitral valves, with fatty degeneration, or in cases of marked arterial sclerosis. In cases of sudden failure of the heart, digitalis may be administered either alone or in conjunction with strychnine or nitroglycerin.

"Cactus admits of more general application than digitalis. It is especially useful in cases of cardiac weakness associated with defective nutrition and consequent extreme irregularity or aggravation of the action of the heart, but it should be avoided if such action is due to temporary nervous excitement; in such cases gelsemium soothes the excitement and allows the heart to regain its normal condition. Cactus acts as a cardiac sedative and lowers the temperature in fever associated with cardiac depression or when collapse is threatened. When, however, the temperature is subnormal cactus restores it more rapidly than strychnine.

"Strophanthus is useful in cardiac dilation and sometimes in valvular insufficiency; it is given together with cactus, avena sativa, and crataegus when the dilation is associated with atheroma. Crataegus should be administered in chronic cases with valvular insufficiency and a tendency to atheroma, in sudden cardiac attacks in young, nervous, excitable patients, and in cases of exhaustion with persistent palpitation, dyspnea, and weakness. Convallaria controls the action of the heart when the derangements are caused by reflex action; it diminishes the number of beats, relieves the pressure, and renders respiration easy and regular. Apocynum is indicated when the feeble action of the heart is accompanied by dropsy and the pulse is either slow or rapid. Sparteine in a general cardiac tonic and is of value when the beats are unequal in strength and the rhythm disturbed, whatever may be the valvular lesion."

Pilocarpus Pennatifolius.

This remedy is commonly known as jaborandi. It is not as frequently employed as it might be with beneficial results. In small and medium doses it is a remedy of extended curative action. Muscular pains of all kinds are promptly modified by it, and pains with enlargement or a puffiness are lessened by its pain-relieving power. In inflammatory rheumatism, when the parts involved are swollen and painful, it is a remedy of superior merit. Subacute attacks of rheumatism, with more or less pain and swelling about the joints, rendering them sore and stiff, are successfully treated with small doses of this drug. Profuse perspiration resulting from a relaxed condition of the cutaneous vessels is frequently arrested by the timely use of jaborandi, and through its decided action on the salivary glands and mucous membranes of the mouth and fauces it exerts a decidedly curative influence in aphthae and ptyalism. In acute inflammatory conditions of the respiratory organs it is also a good remedy, and is frequently indicated in bronchitis and pneumonia. In a recent case of asthma I obtained most satisfactory results from its exhibition in small doses. The prescription employed was twenty drops of the specific medicine to four ounces of water and a teaspoonful of the dilution was administered every hour. Jaborandi, in doses of from one to five drops, has been used with success in diabetes insipidus.

Large doses of jaborandi should never be long continued, and the results of even a few large doses should be watched with extreme caution. In some cases large doses have resulted in positive injury. Their continuance produces profuse perspiration, coldness of the surface, ptyalism, vomiting and sinking sensations, and finally arrest of the heart's action.

The dose of specific medicine jaborandi (or a good fluid extract) is from 1 to 20 drops, but it may be employed as follows: \mathcal{R} Jaborandi, grt. x to \mathfrak{z} i; water, \mathfrak{z} iv. Teaspoonful every two hours.

Another Dangerous Poison.

In commenting upon the fact that for many years prussic acid has been considered the most deadly poison known, the *Scientific American* adds:

"Mr. Lascelles Scott, of Little Ilford, England, however, has now discovered (in a relative of prussic acid) a far more deadly poison—the substance scientifically known as di-methylarsine cyanide, or more familiarly as cyanide of cacodyl. Three grains of this substance diffused in a room full of people would kill all present, so powerful is it. So deadly is this poison, that it is highly dangerous to handle it. It is a white powder melting at 33 degrees and boiling at 140 degrees. When exposed to the air it emits a slight vapor, to inhale which is death. Mr. Lascelles Scott has experienced the deadly nature of this poison for while he was assisting Sir B. W. Richardson in the compilation of his work "On the Causes of the Coagulation of the Blood," he tried its effect upon animals. One-millionth part of cyanide of cacodyl in the atmosphere of an air-tight cage killed a dog almost instantaneously, and then its power was by no means exhausted, for a second, third, and fourth dog placed in the same cage, instantaneously died from the effect of that single infinitesimal dose. Although so little of the properties of this poison are known, it was first made many years ago. Cadet, the famous French chemist, by combining acetate of potassium with white arsenic, produced a fuming liquid which, although he did not know it, was oxide of cacodyl. The German chemist Bunsen combined this with cyanogen, a radical of prussic acid, and made cyanide of cacodyl, the formula of which is AsMe^2Cy ."

Amphiachyris Dracunculoides.

The article on the above named drug by Dr. J. A. Burnett, which appeared in the October issue of the REVIEW, has attracted no small degree of attention. The fact of the remedy being almost entirely unknown to the general profession, and of being earnestly recommended as a medicament of value in diseases which frequently come under the care of the general practitioner, has caused inquiries to be made as to where the drug can be obtained. In the following letter the author of the article gives the desired information:

Dear Dr. Fyfe:—My article on "Amphiachyris Dracunculoides" has caused a number of physicians to want to know more about the remedy and where it can be purchased. Yesterday I received the following letter from Dr. C. C. Edson, of Veedersburg, Ind.:

My Dear Doctor:—I have with much interest just read your article in THE ECLECTIC REVIEW for October on amphiachyris dracunculoides, and am very greatly impressed with your statement, and would like to know more regarding it. I am unable to find it in any literature at hand. Who is it? What is it? Where is it? Where is it to be had, and has it another name not quite so terrible? The name alone ought

to cure most anything, if the first shock at pronunciation did not kill. But really it seems to be an article worth knowing more about.

The fluid extract of amphiachyris can be obtained from Dr. R. J. C. Hamilton, of 176 Sedgwick street, Chicago, Ill., and the normal tincture, powdered and ground drug can be obtained from C. T. Bedford Drug Company, of Indianapolis, Ind. The price of the fluid extract is \$1 a pound, of the normal tincture \$1.25 a pound, of the powder 60 cents a pound, ground 50 cents a pound.

Yours fraternally,

Dean Spring, Ark.

J. A. BURNETT, M.D.

Sparteine in Large Doses.

Dr. A. S. Fulcher, of San Francisco, Cal., in writing to the *American Journal of Clinical Medicine* in reference to the use of sparteine in large doses, says that he "had a gentleman, aged sixty, never sick before and well preserved, who had an enlarged heart with mitral valve insufficiency. Could not sleep owing to suffocation and pain in chest nor walk any distance, as his breathing apparatus would give out. Had him on various heart remedies with little improvement. But sparteine in two-grain doses every three hours soon brought relief and in two weeks from first taking the remedy he went to work, his occupation being a grocery clerk. He still takes the remedy twice daily and feels no more of those suffocating sensations." The action of such large doses of sparteine as are here mentioned should be watched with much caution.

Oxycamphor.

The oxidation product of camphor known as oxycamphor, and its fifty per cent. alcoholic solution, called oxaphor, are growing in favor as remedies for dyspnoea in several diseases, and especially in asthma of nervous origin. The dose of oxycamphor is ten to fifteen grains three times a day. If further experience substantiate the claims made for this agent it will hereafter be unnecessary to inflict upon dyspneic patients the effects of opium and belladonna derivations.

Better be Honest.

A medical writer in referring to the nostrums recently asked: "Why kick at Peruna and prescribe wine of calisaya?" It surely would be difficult to explain the "why." But instead of trying to fool patients with either of them, why not be honest and order whisky straight if one must employ the alcoholics. The fuddle would be about the same and have the additional merit of not trying to "beat the devil around the stump."

Next!

In writing to the *Medical Record* Dr. Morris describes a "case in which he removed completely the ovaries from a woman and ingrafted

parts of healthy ovarian tissue from another woman being simultaneously operated upon. Success followed, menstruation was re-established, and in time the woman became pregnant and bore a living child, which she was able to nurse."

Cannabis Indica.

Dr. E. B. Silvers says that he has used cannabis indica in delirium tremens for forty years without the loss of a single case, although, as city physician, he has been called upon to treat many of the worst "drunks." He suggested its use to the directors of the New Jersey State Asylum for the Insane, in alcoholic mania, where it proved satisfactory.

A Recent Addition.

A writer in the *Journal of the American Medical Association* says that "aconite is a comparatively recent addition to materia medica!" When we remember that aconite was employed as early as 1762 by Dr Storck it does not seem so very strange that our old school friends should have a yearning for our absorption. They surely do need us in the materia medica branch of their business.

Society Meetings

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Los Angeles in June, 1907. E. H. Stevenson, M.D., president; J. P. Best, M.D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1907. A. E. Broga, M.D., president; E. H. King, M.D., secretary.

Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. D. P. Borden, M.D., president; Pitts Edwin Howes, M.D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth Street. V. Sillo, M.D., president; Charles Lloyd, M.D., secretary.

Kings County Eclectic Medical Society. Meets annually in February. H. Stoesser, M.D., president; M. B. Pearlstien, M.D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth Street. H. Harris, M.D., secretary.

Boston District Eclectic Medical Society. Meets the fourth Monday of each month, excepting July and August, at "The Thorndike," Boylston Street. Electa A. Brown, M.D., president; Pitts Edwin Howes, M.D., secretary.

National Eclectic Medical Association.—Los Angeles in 1907.

Having accepted the invitation to make arrangements for the Eastern party to attend the "National" at Los Angeles next June, my first thought was to make the trip as comprehensive as possible. To visit the most important places of interest from a commercial as well as a scenic standpoint. Many, who are familiar with *all* that the country has to offer, have assured me that the

trip—as outlined—will embrace at least 75% of what is worth seeing in both United States and Canada.

The outline—the details will be supplied later—may be summed up in the following description:

Those from New England and New York city will meet at Albany, making their objective point Chicago—the great metropolis of the middle West. Embarking at Chicago, the next stop will be made at Kansas City, where it is hoped that sufficient numbers may be gathered to enable us to run a special to our destination.

Leaving Kansas City in the early evening, we reach Colorado Springs during the middle of the following day. Arrangements will be made to ascend Pike's Peak and visit the Garden of the Gods. Those who desire may spend this time in Denver, joining the party the next morning.

A night's rest will be taken at Glenwood Springs, which has one of the most wonderful natural bathing pools in the country. The next morning we start for Salt Lake City, the paradise which was created from a desert. Here the stay will be sufficient to view the various points of interest. We again board the train this time for Los Angeles, arriving in time for the first session on Tuesday morning. The night before, however, we will spend at that charming place—Riverside, getting our first genuine impressions of California's beauty.

The meeting finished we leave Los Angeles in the afternoon and pass the night at Pasadena, taking the train the next morning for San Francisco where we will stay for four days. Leaving San Francisco we travel up north to that city so completely dominated by western push and enterprise—Seattle. Taking a steamer here we have a delightful sail across to Victoria—the capital of Western Canada. After a day spent in viewing its attractions we are carried by steamer to Vancouver, where that evening we board the train of the "Canadian Pacific" and try to imagine all the wonders that are so soon to pass before our view. A day will be spent at both Glacier and Banff, feasting our eyes upon the wonders of the Canadian Rockies.

Again taking the train we speed across the fertile stretch of country to the head of Lake Superior. Boarding one of the Canadian Pacific steamships we are carried over the waters of Lake Superior and Lake Huron, getting some idea of the vastness of these inland seas. Reaching Owen Sound we are conveyed by rail to Toronto, thence to Buffalo, and from there home, satisfied that each day has been filled completely with sights that shall never fade away.

Those who do not care to make the trip on the lakes will leave the Canadian Pacific at the proper point to make connection with

St. Paul and from thence home by the various roads which will best serve their purpose.

At this time the exact cost cannot be given, but there is almost a certainty that the railroad rate will be one fare for the round trip.

PITTS EDWIN HOWES.

The Connecticut Eclectic Medical Association.

The fifty-first semi-annual meeting of this association was held at the Allyn House, Hartford, on the 9th ult. The president, Dr. John A. Donner, of Holyoke, being absent, the vice-president, Dr. Charles M. Richardson, of Bridgeport, presided in a very acceptable manner. Dr. Richardson's address contained valuable suggestions and was well received.

Various subjects of interest were brought before the meeting. Dr. LeRoy A. Smith, of Higganum, made an address on the importance of "Ruptured Perineum." The subject was intelligently discussed by Drs. Munn, of Waterbury, Bailey, of Middletown, and several others. The conclusion was that the perineum should be repaired as soon as possible after the delivery of the placenta, and that the catheter should be employed until healing is well advanced.

Dr. Thomas Mulligan, of New Britain, reported several unusual and very interesting cases which finally yielded completely to specific medication.

Drs. S. B. Munn, Leonard Bailey, LeRoy A. Smith, Thomas Mulligan, Thomas S. Hodge, E. M. Ripley and John W. Fyfe were appointed a legislative committee to oppose all attempts to change the present just medical laws of the state.

J. W. F.

Conference of Sanitary Officers of the State of New York.

BY W. H. WYATT-HANNATH, M. A., M. D.

A Medical Expert of the Department.

The sixth annual conference was held in Syracuse, from October 24th to 26th, inclusive. Of the 1,400 health officers of the State more than 500 were present, an attendance twice as large as that at any of the former conferences. Addresses of welcome were made by the mayor, the president of the Chamber of Commerce and the Dean of the University Law School. The Commissioner of Health, Dr. E. H. Porter, then described in most interesting fashion the work of the department; after showing that sanitary science prevented sickness and death, he urged that enlightened public sentiment was the force by which reform could alone be brought about, and it was therefore necessary to use every possible means to educate the people to demand for themselves perfect sanitary conditions. The immensity of the task could be better understood when it was remembered that the State had an area of 49,000 square miles and a population of about nine millions. Its great rivers were the Hudson, Mohawk, Oswego,

Susquehanna, Delaware, Genesee and Black, beside many important streams as the Seneca, Oneida, Hoosic, Walkill, Niagara, Indian and Saranac, with their numerous tributaries of over 1,000 lakes and ponds, consequently the kindred subjects of water purification and sewerage disposal were of enormous interest. There are 61 counties, 45 cities, 933 towns and 437 incorporated villages. The local Boards of Health number 1,414 and there are 1,427 health officers appointed by the Commissioner on the recommendation of the local boards. To carry on such a work the State of New York gave the department last year \$75,000. Pennsylvania gave its department \$350,000, Massachusetts \$40,000 for the investigation of water supplies alone, and a total of \$104,000. Under the present Commissioner the department has been reorganized and has now the following divisions: Administration; Sanitary Engineering; Hygienic Laboratory; Communicable Diseases; Vital Statistics; Education and Publicity. I hope shortly to give further information about the Department and its work and will leave details to that paper. Eight sessions were held in the three days. They all dealt with problems of sanitation which were likely to confront the health officer. The first had to do with meat inspection, which was described by the pathologist of the State Veterinary College and discussed by others. At the second the Hon. S. Moreland, Member of the Assembly for Van Etten, made an eloquent address on modern sanitary methods and promised to do his best to get the Department whatever appropriation it needed to do the most efficient work of all the states. The sanitarium methods of treating tuberculosis were then described by Drs. King, of Liberty, and Brown, of Saranac. At the third, the Commissioner of Health of Pennsylvania gave an account of the work of his Department, which, owing to the State's large appropriation, is the most effective in the Union. The various methods of water filtration and sewage disposal were then discussed. The fourth and fifth were devoted to tuberculosis, the methods of its transmission, prevention and cure were discussed and a large number of exhibits were inspected, including sputum cups, models of shacks, conveniences for open-air treatment at home, and such appliances as are used in a sanitarium. Beginning with January 1, the State Department of Health will insist upon the registration of every case of tuberculosis. The sixth dealt with the compulsory examination of the eyes and ears of school children and the methods of disinfection were described; 5 ozs. of liquid formaldehyde 40% and 15 ozs. of water per 1,000 cubic feet are effective in two hours when properly diffused as steam. Fumigation for destruction of insects was taken up by the head of the Health Laboratory at Panama and I will call attention later to the most valuable of the means he spoke of. The seventh was a trip to Tully Lake Dairy, and at the eighth Samuel Hopkins Adams, whose papers in Collier's have been

widely read, made a drastic address on quackery and tuberculosis, sparing neither the widely advertised cures, giving the composition of many of these, nor the "ethical" firms, including some of the greatest manufacturers of pharmaceuticals, whom he named, who supply the wants of the quack, nor the newspapers and religious press and magazines which insert their advertisements. Directions for the home treatment of the tuberculous were then aptly given by Dr. Knopf. In reviewing the sessions, which were of absorbing interest, it was remarkable how academic theories propounded by some of the essayists, such as that "bob veal" was really nutritious food, that scarlet fever patients while desquematizing could not communicate the disease to others, that disinfection by formaldehyde gas was a failure, while the essayist only considered a dry air disinfection, when, of course, it would be true, were instantly detected and vehemently controverted by the rank and file of the health officers. This shows, I think, that the sanitary affairs of the State are in the hands of a most capable set of medical men.

Boston District Eclectic Medical Society.

The regular meeting of the Boston District Eclectic Medical Society was held October 22 at "The Thorndike."

After the regular routine business of the evening had been transacted the president, Electa A. Brown, M.D., called upon the speaker of the evening, Dr. Fred G. Phillimore, who spoke as follows upon "Obstetrical Jurisprudence:"

An obstetrician, even when not an acknowledged expert in medico-legal matters, may from his professional relations with patients or persons implicated in legal trials, be compelled on the witness stand to give evidence of a scientific or quasi-scientific character.

Under such circumstances a painful lack of scientific knowledge is often sufficient to defeat the ends of justice, and coupled with a corresponding embarrassment on the part of the physician, is not infrequently exhibited in our courts at the present time. Therefore with your kind attention I will make a few rudimentary remarks upon the medico-legal topic of "Obstetric Practice." They are only cursory but may perhaps afford some assistance to us all.

The Duration and Unusual Prolongation of Pregnancy.

The average duration of pregnancy is ten lunar months, 40 weeks, 280 days. The moral character of a woman, and the legitimacy and consequent hereditary rights of an offspring may depend upon the acknowledged degree to which it is possible that this normal duration may be prolonged, as when a woman gives birth to a child eleven or twelve months after death or continued absence, from other causes, of her husband.

It is undoubtedly possible for pregnancy to be prolonged four, five, six, seven, or even eight weeks beyond the normal period, and

the child be born alive. Such cases have been known, and are recorded in Taylor's, p. 473; Playfair's, p. 154; Lusk's, pp. 109-110, also in the third edition, pp. 228-234 of Meigs on obstetrics.

To those who say such cases are fabulous and unreliable, I would say, look to the cows and mares.

The Age of Maternity.

The laws in most places restrict early marriages, but in the Oriental countries they are allowed, and girls become mothers at ten and twelve years of age. Three cases are recorded in Barnes' Obstetrics, p. 241; in the London Lancet of the year 1887; a case is recorded of a girl ten years old who was delivered of a child weighing seven pounds. As to the latest age at which a woman may bear a child, a few cases have been recorded at the age of fifty-one and fifty-two years by Dr. Fordyce Barker, and one at the age of fifty-five in the London Medical Gazette by Dr. Davies of Hertford, Eng.

Short Pregnancies With Living Children.

A living child, and one that continues to live, being born at eight, seven, six or five lunar months after marriage, may be the cause of suspected pre-marital in chastity on the part of the mother. This should not be, as children are visible at the seventh month, and some born at the sixth have lived and have been reared. Playfair reports cases at five and four months that lived a short time. The possibility of exceptional cases must always be borne in mind, and reference may be made to Meadows' Obstetrics, pp. 93-94.

Appearance of Foetus at Different Periods of Gestation.

1st Month.—Foetus semitransparent, grayish mass, 1-12 in. long.

2nd Month Early.—One-half inch long, weigh 60 grs. Two dark spots for eyes.

2nd Month Last.—One and one-half inches long. Head visible. Cord is distinct.

3rd Month.—Two and one-half to three and one-half inches long. Fingers and toes formed but webbed. Head large for body; nose, ears, anus and mouth formed, eyelids joined together. Placenta formed. Genitals formed and visible.

4th Month.—Three and one-half to six inches in length, 3 to 6 oz. in weight, nails appear.

5th Month.—Six to ten inches by end of month, weight 6 to 10 oz., head one-third of whole foetus. Hair and nails visible.

6th Month.—Eleven to twelve inches, weight one pound.

7th Month.—Fourteen inches in length, weight 3 to 4 lbs., eyelids open.

8th Month.—Length sixteen inches, 5 to 6 lbs. in weight. Nails to ends of fingers. Sebaceous matter on the skin.

9th Month.—Length eighteen to twenty inches, weight 6 to 8 lbs. Males larger than females. Nails horny, more or less hair. Meconium in rectum.

Cases of Women Unjustly Suspected of Infidelity.

Delivery of a mature or premature child having taken place and the mother, not having seen the husband for some time, say for one, two, or three months, may be delivered of another child. Such cases are explained in one of three ways.

First.—In twin pregnancies one child may be expelled, and the other follow after several weeks or months. For such cases see Taylor, pp. 486-489, also Churchill, pp. 178-179.

Second.—The woman may have a bi-lobed uterus, each side having a foetus, and the two cavities expelling their contents at different times. See Playfair, pp. 158-161, and Leishman, pp. 188-189.

Third.—A pregnant woman during the early month of gestation may have a second ovule impregnated and the two foetuses be born at different times. Super-foetation has been questioned but is now generally admitted. See Leishman, p. 186, and Churchill, p. 177. When two children are of different color the fidelity of the mother may be questioned. Finally a woman may expel a child from the uterus in the usual way and remain pregnant for years, as in the case of extra uterine pregnancy.

Signs of Recent Abortion in the Living.

When the foetus and membranes are concealed in a case of suspected abortion, you may be asked as to the existing signs in a recent abortion. Now abortion during the first three months of pregnancy may after twenty-four hours leave no proof whatever in a living woman that can be recognized by examination. The ordinary signs at best are only ambiguous; they are dilation of the os, some lochial discharge, and enlargement of the uterus, swelling and relaxation of the vulva and vaginal orifice.

Signs of Abortion in the Dead.

At three months they may disappear at the end of a few days and leave no positive evidence at all. But if an examination be made shortly after the expulsion of the ovum, we will find enlargement of the uterus, both of cavity and wall. The latter thicker and with larger blood vessels than in the normal state.

The cavity of the uterus may contain remnants of blood clots, membranes, or placenta. The internal aspect may exhibit a dark, rough surface for the placental site, and true corpus leuteum in the ovaries; even these evidences are only presumptive.

Signs of Recent Delivery in the Living and Dead at Full Term.

In the living, weakness, pallor of the face, dark rings around the eyes, and a whiteness of the skin like convalescence from

disease. These are all gone after three or four days. The abdomen is soft and relaxed, and is traversed with the linear albicantes from the groin and pubes to the navel. These may also be the results of dropsy, tumors, or a former pregnancy. The breast may be full and tumid. If colostrum is found you are sure of a recent delivery. Also the uterine globe is large, the os is swollen and dilated with lochial discharge.

Signs in the Dead.

Enlargement and thickening of the uterus. The cavities contain bloody coagula and pulpy decidua. The placental site presents a valvular semi-lunar shape, and looks like gangrene. The tubes, ligaments, and ovaries are a purple color.

Feigned Delivery.

This is sometimes resorted to for extorting money, compelling marriage and for producing an heir. In relation to this, remember what I have said about recent delivery in the living, also compare date of delivery with child, noting skin, umbilicus; also the size and hair of the child.

Unconscious Delivery.

Women have undoubtedly been delivered unconsciously during sleep, and syncope, as in coma from apoplexy, eclampsia, asphyxia, and other things such as narcotic drugs, anesthetics, as well as death, and some while at stool. Be very guarded in such statements where you have a small pelvis; also get all the facts from patient before you believe it. Its possibility is undoubted by all the works on obstetrics, but I am rather slow to believe it.

Abortion.

This may be either natural, criminal, or accidental. Let us look at the cause of natural abortion. Fevers, inflammation, syphilis, nervous susceptibility. Accidental causes are blows, falls, railroad and street car accidents, horseback riding, etc. Criminal causes can be placed in two groups:

First.—The medicinal abortives. These are all uncertain, and are always dangerous to mother and child.

Second.—The instrumental methods which you are all familiar with, and you should always look for the extent and kind of injury resulting from them, especially of the os and cervix. What kind of instrument could have produced it is always an important question?

Could the patients have done it themselves or was it done by some other person; also note whether, or not, it indicated knowledge of anatomy.

Infanticide.

When a mother is suspected of child murder medical testimony is necessary to determine whether she has been delivered of a child, and if it corresponds to the case under consideration. Inspect the

child's body on the spot, get length and weight, marks or deformity, marks of violence, condition of umbilical cord, etc.

Medical Evidence of Rape.

Before expressing an opinion you should first understand the legal definition of the term. The law in the United States is that an entrance must be made. With this explanation I think this will do; look for marks on the body; also examine the clothing, and cut out any spots that are stained for further examination. Examine any discharge, and the red swollen parts for lacerations. •

With these few remarks I will close. If I have brought out anything of interest to any member I shall feel amply repaid for my work. I thank you all for your close attention.

Discussion.

Dr. Miles thought the term cursory as applied to the paper was a misnomer. The essayist had touched all the important points in medico-legal jurisprudence of this subject. He had gone to the core. Dr. Miles called attention to the definition of viability. He also reported a case in his practice where there was no question but that the woman carried her child 11x28 days, eleven lunar months, or 308 days. The child was large and there was a comfortable delivery. He also reported a case where a man seventy-three years old married a widow of forty-nine who had never given birth to a child. In less than two years she was delivered of a daughter which was a superior child in all respects. Another, a man of eighty-four, married a woman about thirty, who within a year gave birth to a child.

Dr. Perrins said the doctor has given us a good deal of information which, when we see it in print, will be of much value. It is our duty to qualify ourselves so that when in court we can give a reasonably good account of ourselves and then be able to stand the cross-fire of the lawyer on the other side. The doctor also reported cases in his practice where aged people had become parents. His observations showed him that such children were weakly, both physically and mentally.

Dr. E. A. Brown reported a case where a woman carried a child twelve lunar months, or 336 days. The child was taken with instruments but lived only a few hours.

Dr. Ross reported a case of a woman who was not delivered until the expiration of eleven months.

Dr. Howes reported a case where from the shock caused by intense pain, a woman had an unconscious delivery. She did not regain complete consciousness until after thirty hours had elapsed.

Dr. Forbush also mentioned a case where a woman was subject to semi-conscious attacks. During one of these she gave birth to a child that weighed 3½ lbs., although it was not suspected she was

pregnant. The little fellow was bright and smart and is alive to-day.

Dr. Miles related the case of a woman who suffered from cataleptic attacks very severely for over two years. She also gave birth to a child when there was not the slightest suspicion that she was in such a condition. After the birth of the child she gradually regained her normal health.

Dr. O. W. Brown stated that for several years she was employed in an institution that cared for feeble-minded children. More than two-thirds of them were children of old parents.

PITTS EDWIN HOWES, M. D., Secretary.

New York Specific Medication Club.

The regular monthly meeting of the New York Specific Medication Club was held in the college parlors, Dr. Thompson presiding. In the absence of the secretary Dr. Birkenhauer was appointed secretary pro tempore. After roll call, the minutes of the previous meeting were adopted as read.

Dr. C. W. Brandenburg reported on behalf of the committee on devising ways and means for increasing the attendance at meetings, offering the following resolutions:

Resolved, That at the annual meeting we elect a chairman who shall serve for one year or until his successor shall be elected or appointed;

Resolved, That at the annual meeting, the chairman appoint a committee of five, which shall be known as "the permanent literary committee," and it shall be their duty at the first meeting in January to announce drug studies for each meeting during the year.

Resolved, That the members of the committee hold themselves in readiness to read papers or give reports of the drug studies as announced.

The report of the committee was received and tabled until the next meeting.

Dr. Boskowitz exhibited a sample of eucalyptus oil, and read a letter describing the drug from Dr. Miller of California. Dr. Miller lauds the oil highly in the treatment of incipient pulmonary tuberculosis.

Dr. Krausi has used the oil incorporated in lard externally with very good results.

Dr. Thompson often uses eucalyptus in cough mixtures, and in cases of membranous croup, combined with steam as an inhalation. In such cases, relief is often speedy, large quantities of mucus being brought away.

Dr. Krausi reported a case of laryngeal tuberculosis with severe dysphagia, which received complete relief in three days from a eucalyptus spray.

Dr. Krausi read an essay entitled "Asclepias Cornuti in Epithelioma." The paper was discussed by Drs. Boskowitz, C. W. Brandenburg and Thompson.

A unanimous vote of thanks was tendered Dr. Krausi for his essay.

Dr. Tyrrell was elected chairman for the next meeting.

H. J. BIRKENHAUER, M. D., Secretary pro tem.

Items

John King Scudder, M.D.—Alice Turpin. Married on Thursday, October 16, 1906, Plainfield, Ohio.

The Manhattan Visiting and Instructive Nurses Association, which was organized and started its work February, 1906, at 239 East 14th Street, had an interesting and enthusiastic meeting at the house of the President, Mrs. G. W. Boskowitz, on Wednesday afternoon, November 7. The report showed that the society had made a good start and that its permanency was assured.

Doctor John Wilson Gibbs, who graduated many years ago from the college, has been appointed examining surgeon of the Pension Bureau of the United States for New York City.

Doctor Alexander Rixa announces his removal to Hotel Balmoral, Lenox Avenue, 113th to 114th Street, New York City.

Doctor R. T. Laycock, one of the best known Eclectic physicians of Indianapolis, died October 23.

Doctor Heinrich Stern announces his removal to 250 West 73rd Street, between Broadway and West End Avenue.

The Faculty dinner on November 1, at the Hotel Astor, was a most enjoyable occasion. The junior members recommend that they be made monthly events.

Do you know your Senator and Assemblyman elect? If not, get acquainted.

Tell them what Eclecticism is doing for humanity.

Subscriptions for the Review will be received at any time. You will find blank in the advertising pages.

When writing to advertisers be sure and mention the Review and accept our thanks for the courtesy.

Bear in mind the magnificent trip to the coast next year. Prepare for it now. "Weary Willie" has a new con. game to interest you on the trip.

The Beachonians expect to have a public social some time in February. Complete announcement next month.

We shall club with the Gleaner as usual this year. \$1.50 for both journals, and we also offer to send the Journal of Therapeutics and Dietetics (Doctor Howes' Journal), the Gleaner and the Review for \$2.00. Send in your subscription, Doctor.

All Eclectic books for sale at the College. Price list in advertising pages.

Book Reviews

Essentials of the Practice of Medicine. Double Number, 460 pages.

Prepared especially for students of medicine. By William R. Williams, A.M., M.D., Tutor in Therapeutics, College of Physicians and Surgeons, N. Y., formerly Instructor in Medicine and Lecturer in Hygiene, Cornell Medical College. W. B. Saunders & Co., Philadelphia.

This compend is especially written for the medical student. The author has taken great pains to make the text clear, concise and comprehensive, throughout. It should be in the hands of every medical student.—M. B. MacD.

Eighth annual report of the Indiana State Board of Medical Registration and Examination; for the year ending December 31, 1905.

This volume not only contains the Indiana medical law, with its amendments, together with the official register of physicians, but a summary of laws and regulations governing practice of medicine of United States and elsewhere. This makes it a very handy and useful book.

The forty-sixth annual publication of the Massachusetts Medical Society, for the year ending June 8, 1906.

This annual publication of the Massachusetts Society contains the minutes of the forty-sixth annual meeting, abstract of the proceedings of the executive committee, abstract of the proceedings of the board of councillors and the address of the retiring president. Doctor Lydia Ross, as the orator of the occasion, delivered a most interesting paper on preventive medicine, full of good thought and sound suggestion. Write to Pitts Edwin Howes, secretary, for a copy.

THE ECLECTIC REVIEW

Editor: G. W. BOSKOWITZ, M. D.

VOL. IX.

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No. 12

The Review—1906.

With this number we complete Volume IX. It has been a prosperous year for us—our circulation has increased, many new advertisers have joined the Review family, so that from a business standpoint we feel pleased and gratified. We hope that each subscriber feels that he has received full value for his subscription and has been benefited by the short, practical articles which we have published from month to month. It has been the aim of the REVIEW to be brief, lucid and practical in the presentation of its subjects—and to have most of its articles original.

As the organ of many of the eastern state societies it has presented the proceedings of these organizations as fully as space would permit, and in its department of practical therapeutics reasonable suggestions have always been presented.

We want to take this opportunity to thank our contributors, subscribers, and advertisers, and to wish them a merry holiday season and health and prosperity for the coming year.

Biers' Method.

Several very interesting articles have recently appeared in the leading American medical journals in which reference was made to "Bier's Method" of treatment without any attempt being made to explain the nature of this comparatively new remedial procedure, the authors evidently assuming that their readers were familiar with the details of the method recommended. But in all probability not more than one in ten of their readers have any distinct understanding of the nature of the treatment advocated by Dr. Bier.

As the "Bier's Method" is now very frequently referred to in the medical press of this country, a few lines in regard to this form of treatment may not prove devoid of interest.

The treatment advocated by Dr. Bier consists of "artificially induced hyperemia." Several different ways of causing hyperemia

have been suggested. Bier induces active or arterial hyperemia by the use of a hot air apparatus, and passive hyperemia, or blood stasis, by means of a rubber bandage and a suction cup. He claims (and other writers seem to confirm his statements) that artificially induced hyperemia will relieve pain, cause absorption of exudates about the joints and dissolve blood coagula. The passive hyperemia is used in the treatment of cases of a bacterial nature, and the active form in non-bacterial diseases. Tuberculosis of the joints, rheumatism, neuralgia, neuritis, lymphangitis, arthritis of the simple, gonorrheal or suppurative form, and many other diseases, are mentioned as having promptly yielded to what is now known as "Bier's Method."

J. W. F.

A Uniform Standard.

In order that there may be no possible doubt concerning their views in relation to a uniform standard of medical education, the Connecticut Eclectic Medical Examiners, at their last meeting, held in Hartford on the 13th and 14th of last month, unanimously adopted the following:

Whereas, we, the Connecticut Eclectic Medical Examiners, believe that the best interests of the entire medical profession would be subserved by the universal adoption of a uniform standard of medical education, and

Whereas, in our opinion such uniform standard should be based upon a preliminary education equal to that required for graduation at a first-class high school and graduation from a medical college requiring the attendance at four full courses of lectures; therefore

Resolved, That the standard recommended by the Council on Medical Education be and the same is hereby adopted as the standard of the Connecticut Eclectic Medical Examiners.

J. W. F.

Original Articles

Ozone.

BY MAX MEYER, M.D., PH.D.

The discovery of ozone dates back to 1785, when Van Marum noticed a peculiar smell by sending an electric spark through oxygen, but it was Schoenbein of Basel, who in 1840 investigated this strongly-smelling gas, to which he gave the name ozone from the Greek *ozo*—I smell.

This new gas has won a great popularity and numerous investigators have experimented with it, but unfortunately very few

know how to produce it, and those who know how to apply it for the industries and as a remedy are indeed very rare.

The reports, of which we frequently read, exaggerate the virtues of ozone very often and so represent it as the all powerful agent which serves for all purposes is inaccurate, although it cannot be denied that it can render many valuable services, not only for therapeutic and sanitary purposes, but for chemistry and several industries.

The great interest, which ozone has caused among the scientific world, can be judged by the fact that not one year has passed since its discovery in which the results of the researches were not made public, and we find among the experimenters the best names as for instance Faraday, Berzelius, Andrews, Houzeau, Siemens, Fréiny, Von Babo, Rhumkorff, Bloxam, Kolbe, Du Moncell, Daniell, Thénard, Bössger, Vulpins, Fröhlich, Andreoli, etc., etc.

The investigations made have shown that ozone, from whatever source it may be derived, is one and the same substance, having identical properties, constituents and characteristics; that it is not a compound of two or more elements, but oxygen in an altered or allotropic condition, viz., that three volumes of oxygen condense to form two volumes of ozone; i. e., that ozone is one and a half times heavier than oxygen.

The symbol of ozone is O_3 , its spec. grav. 23,94, its molecular weight 48. It is a colorless gas of a peculiar strong and oppressive odor, which resembles that of very diluted chlorine. It possesses great bleaching and disinfecting power in the presence of water; it corrodes rubber, paper and other organic matter, and its effect upon mercury is remarkable, causing the metal at once to lose its mobility and to adhere to the surface of glass in a thin mirror. Even a single bubble of O containing $1/50$ of its bulk of O_3 will alter the physical character of several pounds of Hg, taking away its luster and the convexity of its surface. Some non-metals and most metals are at once oxidised in presence of moist O_3 .—P. is changed into phosphoric acid, sulphides into sulphates, ferro-cyanides into ferri-cyanides, etc. Blood is completely decolorized, the albumen being entirely and the other organic matters being nearly all destroyed by the extensive action of O_3 .

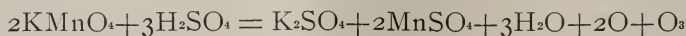
It liquifies at 181° C. and boils at 106° C. It is slightly soluble in H_2O , 1,000 volumes of H_2O dissolve $4\frac{1}{2}$ volumes of O_3 . Certain ethereal oils take it up in large quantities, for instance, turpentine, cinnamon, thyme, eucalyptus. Alcohol is oxidized into aldehyde by it.

We find O_3 free in nature, although existing in minute quantities in water and air; especially after thunderstorms the presence of O_3 is noticeable in the atmosphere. One volume of O_3 purifies 3 million volumes of air or in 100 liters of air we find about 0,001 milligrams. In thickly inhabited districts the air is

devoid of O_3 , but in sea and country air its presence can easily be demonstrated.

The preparation of O_3 is as follows:

1. By acting with sulphuric acid upon potassium permanganate thus:



2. By allowing a stick of phosphorus to hang in a bottle of moist air.

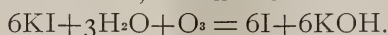
3. By placing a few drops of ethylic ether in a beaker and introducing a heated glass rod without the latter touching the ether.

4. By acting with sulphuric acid upon dry barium dioxide.

5. By electrolysis of H_2O .

6. By a series of electrical brush discharges sent through a tube containing O or air.

The usual method of estimating the amount of O_3 present in the air is a very rough one, because of the minute quantity, hence no positive quantitative test can be made. The qualitative test consists in exposing for a given time prepared papers, which have been impregnated with a solution of starch and potassium iodide, which by contact with O_3 assumes a more or less pronounced blue tint, according to the amount of O_3 present. In this test O_3 liberates iodine from the potassium salt and the former combines with the starch to iodide of starch, which is of a blue color, thus:



The preparation of ozone testpaper is as follows:

Seven grams of starch are mixed in a mortar with 30 grams of cold water and then poured into 150 grams of boiling water. To this is added a few drops of a concentrated solution of potassium iodide under constant stirring. After cooling, white cartridge paper is brushed over with the iodised starch and preserved in well stoppered bottles.

Other ozone indicators are: Manganese sulphate, lead acetate, thalious oxide, which become brown by contact with the gas, changing the former two into peroxide, the latter into thallic oxide. Tincture of guaiacum acquires a green color by O_3 . A weak solution of indigo is decolorized by O_3 but not by O .

When O_3 is heated to $+250^\circ C$ it decomposes to O ; it cannot be stored up for a length of time, as a retrograde change to O takes place, so that within a fortnight the whole amount of O_3 has become O again.

The conversion of O into O_3 is attended by the absorption of 59200 unuits of heat and an interesting experiment shows the calorific equivalent of O_3 , viz.: The combustion of 1 gram of H under the action of O produced 34,451 calorics, but when ozonized air is used it produces 34,506 6-10 units of heat; i. e., 44.6 units more; consequently 1 litre of H combined with ozonized O containing 1.66 of O^3 liberates 3,091 calorics and as 1 gram of H unites

with 8 grams of O to form H_2O , the equation $44.6 \text{ units} \times 61 = 346$ shows the caloric equivalent of O_3 .

O_3 diffuses more rapid than O, and when viewed through a column of 1 meter length, O_3 exhibits a sky-blue color, becoming very deep under a pressure of several atmospheres, hence it has been suggested that the blue color of the sky is due to O_3 .

O_3 does not form H_2O_2 with H_2O , it simply dissolves, though not readily, and imports its flavor and odor to the water. One liter of H_2O dissolves 0.0094 grams of O_3 , of which 50% are lost within three days and are entirely gone in fourteen days. Cl, Br, I is oxidized readily; HCl is decomposed; the oxidized Cl dissolves gold leaves; Au and Pt is not affected; PC, Ag, Sn, Bi, Sb, etc., is readily oxidized;

NH_4OH is transformed into $HNO_3 + H_2O$; H_3P is decomposed with production of light;

Sulphides change into sulphates; hydrogen carbides, for instance, C_2H_2 is changed into formic acid; benzine into ozobenzene, which explodes violently;

Nitro-glycerine, dynamite, illuminating gas, NI_3NCl_3 explodes; tannic acid is oxidized; citric acid in the presence of an alkaline hydrate is converted into oxalic acid and CO_2 ; aniline colors as brown, fuchsin, violet, coralline, green, red, etc., are discolored but aniline-black withstands the action of O_3 ; blood and albumen is rapidly oxidized by O_3 and the latter destroyed in contact with blood, to which it imparts the purple color which characterizes arterial blood. O_3 passing for a certain time through blood renders it limpid and colorless. Fresh blood when ozonized does not coagulate. The globuline, which is a coagulating substance, loses this property. Serum is decolorized by O_3 and at the end contains only colorless coagulable albumen. Urea in presence of KOH absorbs O_3 and develops NH_3 at the end of the operation contains only K_2CO_3 . Bile is bleached and modified, the liquid shows CO_2 and H_2S .

Porous substances like asbestos, platin sponge, carded cotton, flannel, etc., through which O_3 passes, slowly produce a change, as the gas loses its odor and property.

Professor Tyndall is of the opinion that the quantity of O_3 is immeasurable by ordinary means and his belief is that O_3 is produced by the packing of the atoms of elementary O into groups.

The deduction from the foregoing as to the application of O_3 for art, industry and therapy are numerous. If pure and dry O is used in the preparation of O_3 —a pure gas will result, but when atmospheric air is acted upon its nitrogen is oxidized also and poisonous gases are given off, which inhibit the action of O_3 . I will endeavor to give some of the uses of O_3 , viz.: It bleaches under certain conditions in a certain manner, animal and vegetable fibres as, for instance, wool, cotton, cellulose; it decolorizes soaps, oils; fats, sugar, molasses, rosins, gums, ivory, varnishes; it deodorizes

spirit, wine (by removing the fusel oil); it preserves milk and meat; it purifies air and water; kills micro-organisms (typhus, typhoid, cholera, diphtheria, etc., bacteria are destroyed in a few minutes.)

As to the therapeutic value of O_3 I shall give in the following a brief history of its employ.

Douglas Galton in 1880 noticed the beneficial action of O_3 on the general health and Dr. Schan of Bern published the statement that this gas kills animalculae. 1884 Dr. C. Lender, Berlin, investigated the effects upon wounds and blood and reported favorable. In the same year Dr. Sass showed the good therapeutic effects. 1885 G. Vulpins employed ozonized water in diphtheria. 1887 Dr. Oniums used O_3 to fight cholera. He was satisfied with the results. 1889 Dr. de Vars employed the gas for purifying the air in rooms and the outcome of his experiments was the installation of ozonizing apparatuses in several French hospitals in 1892. Dr. B. W. Richardson employed O_3 in foetor of the breath. 1891 Drs. Labbé and Oudin wrote an article about the powerful action of O_3 as a therapeutical agent and prophylactic in all contagious diseases. 1892 Dr. Froehlich investigated the purifying and disinfecting property of O_3 in the air; he pronounced it an insecticide par excellence destroying, for instance, phylloxera; he praised it as a germicide killing bacteria of typhoid, cholera, smallpox, measles, diphtheria, scarlatina, whooping cough, gonococci. 1893 Dr. C. Fox used O_3 to disinfect rooms as hospitals, theatres. E. Chapins in 1894 found O_3 very good in the treatment of malaria. 1895 P. de Puyt used O_3 for depressed vitality and let it inhale in anemia, phthisis, bronchitis. 1896 the German Sanitary Board made extensive experiments with O_3 , which showed the destruction of anthrax, typhus, cholera and pus.

From the foregoing it will be seen that there is no doubt for the use of O_3 as a therapeutic and prophylactic remedy and the great question is only that the gas be produced pure enough and in sufficient quantity at a moderate price.

The processes so far in vogue did not give satisfaction as the output was too small for the expenditure, hence too expensive, or the irritating by-products inhibited its application. The generation of O_3 by chemicals could not be considered, as the cost of the gas does not stand in any ratio to the product, so the manufacture of it by electricity was the only way which remained. All the apparatuses and devices, so far constructed, did not give the desired results, either they were too complicated and afforded the greatest care and skill in handling, or they were very expensive, or inefficient, or they produced impure gas. After studying the matter up I was fortunate enough to be assisted by Mr. Kurs Hoyer, E. E., whose genial skill and thorough knowledge made it possible to construct an apparatus, which not alone is simple to handle, but

also relatively cheap and above all generates an enormous amount of pure O_3 . This apparatus consists of a high frequency induction coil, whose terminals end in the ozone-generator, which is a system of de-electrics and conducting plates producing silent brush discharges through which the filtered and purified air passes. The arrangement is such that the nitrogen cannot be oxidized; the oxygen is sucked into one end of a converter by means of a rotary fan and here the O is transformed into pure O_3 , which passes out of the other side into a tube and thence is conveyed to a mouthpiece shaped in various forms. The so prepared O_3 is not forced into the outlet, but flows constantly in a quiet stream, hence it can be inhaled by the weakest lungs without causing any irritation or inconvenience whatsoever. If it should be desired to mix the O_3 with medicinal vapors an arrangement for this purpose has been provided for.

In the application of this new ozonizer I have followed for experimental purpose a strict line of therapeutical investigations and although my work has only begun, the results, which I have had so far, show a positive beneficial and curative action upon the general health as well as upon the different pathological conditions.

I have used a current of 65 volts and eight ampères and generated per second one-half to ten milligram of O_3 , adjusting the production of the gas according to the case under treatment. I have found in diseases of the respiratory organs that a daily inhalation of about one milligram of O_3 for ten minutes gave a steadily progressive improvement, which terminated in a complete cure of the lighter cases. In phthisis pulmonalis my researches are not finished, but I can state already that decided relief was afforded to most patients through the application of O_3 . In simple anemia I have very extensive experiences with the ozone treatment and I am convinced that my results with O_3 are beyond expectation. Ozonized water I have used in wounds, ulcers and suppurative diseases and I can say, it works fine. Diseases of the stomach and kidneys are under observation, but the duration is not extensive enough in order to speak about results.

My conclusions on the employ of ozone make me believe that we have in the pure gas, when administered diligently, a therapeutic agent which undoubtedly will prove to be a very valuable remedy.

New York City.

Facts Demonstrated in Clinical Experiences By an Old Eclectic

BY M. W. HENRY, M. D.

The human mind is so constituted that it is ever prone to wander off from well established truths in search of something new and novel. In the introduction of new remedies the manufacturing druggists enter into a contest to see who of them shall reap a rich

harvest by supplying the market with the new drug and they send out samples all over the country and every medical journal teems with laudatory advertisements and reports setting forth its wonderful virtues which are nineteen times out of twenty exaggerations and misleading to the medical profession and before the new drug finds its proper place in the materia medica it has amassed great fortunes for some unscrupulous druggist. The physician scarcely learns that the vaunted new remedy does not possess any valuable property that is not possessed in a more eminent degree by some other drug already official until another is introduced to run a like ephemeral course and then drop into merited oblivion. The credulous mind is thus led off and bewildered in the maze of remedies until it loses sight of some of the most potent and valuable drugs belonging to the materia medica which have a wide and varied curative range in the relief of human ailments. Clinical experience is the only safe and sure basis upon which we can predicate a successful practice of medicine. I have always been slow to adopt new theories, fads, catch-words and phrases supported by sophistry and I have attributed much of my eminent success in practice to this fact. I have in mind a few remedies that I have used extensively in practice with the most gratifying results. I will mention only three which are most excellent hepatics and alteratives unexcelled by any other agents of their class and far superior to the mercurials and other agents in common use by old school physicians for the same purposes and without entailing upon the patient any of the baleful effects following in the wake of their irrational treatment. I will first introduce

LEPTANDRA VIRGINICA.

Known also by the name of Culver's Root and Black Root, etc. The fresh, undried root is not much used in medicine because it is too irritating and acts too harshly but by drying it loses its harsh property and becomes a mild and unirritating laxative and cathartic acting upon the liver with great energy causing rather consistent stools. This property renders it extremely useful in cases of torpidity of the liver accompanied by an irritable or inflamed condition of the stomach and bowels. It is practically free from drastic properties. In fevers it will generally arouse the glandular system to a normal state of activity without aggravating a single symptom in the case. The dose of the powdered root is from twenty to sixty grains given in sweetened water every few hours until the desired effect is obtained. The hydrocholic extract may be given in from one to five-grain doses in pill form. As a single agent I have generally used its resinoid principle leptandrin.

LEPTANDRIN.

I have found this drug to possess the valuable properties attributed to it by Professors King, Jones, Morrow and their coadjutors. My experience in its use has established in my mind the

firm belief that in a certain class of diseases which have usually been regarded as very formidable and accompanied by a large mortality it stands without a peer in the *materia medica*. I can best illustrate my manner of using it in these cases by a brief abstract of the treatment of a few cases. I was called to see a German who was in the vigor of manhood up to time of the present acute attack. He had been under orthodox allopathic treatment. I found him to be suffering from acute inflammation of the bowels with excruciating tormina and complaining so that I could hear him grunt forty steps before I arrived at his front door and free very bloody mucous discharges from his bowels every fifteen or twenty minutes, and this condition complicated by a greatly enlarged liver very tender to touch which indicated a high state of acute inflammation. I recognized in the condition of his bowels the most immediately pressing emergency in his case so I administered to him a half grain dose of morphia so as to give temporary rest and quiet from its over-taxed condition. In about a couple of hours the patient was lying stretched out in bed, the tormina checked and the condition of the bowels much improved and the patient insisted that he was about well and only needed good nursing and I tried to make him understand there was still a most formidable symptom in his case that the treatment under which he had been had not relieved but rather aggravated which must be relieved before he could possibly get well and that when I directed my treatment to the relief of that symptom his bowel troubles would necessarily be aggravated, but it was hard to make him understand why it was necessary to make him sick again in order to cure him. I kept him under the morphia until his symptoms admonished me that it was absolutely necessary that I should at least for a time direct my treatment to the relief of his engorged and inflamed liver. I found him to be exceedingly sensitive to a cathartic influence and I was compelled to administer leptandrin to him three doses for a few doses and then to omit for a time and check up the bowels, and after a little rest again repeat the leptandrin and it soon showed evidence of having had a strikingly favorable effect on the liver. I continued to give and omit leptandrin as long as it was indicated and the patient was soon convalescent. I had not yet learned to combine the morphia with the leptandrin. I will next give a brief synopsis of treatment of a case that I treated in the first year of the Civil War. A company of men was organized in Angelina county and on its way to San Antonio to join Sibley's brigade passed through our village and left a very sick man at a private house, and the captain and perhaps a half dozen men awaited my return to town in order to place him under my care and when they left they were so sure that he would either die or have a long and tedious spell of sickness that they took his horse and equipments off with them. I found his bowels highly inflamed, swollen and tender to the touch and free bloody mucous discharges at short

intervals and evidence of a torpid and inactive condition of the liver. I gave him a half grain dose of morphia which greatly mitigated the tormina and his bowels only acted three times in the next six hours. I then gave him ten grains of leptandrin combined with a half grain of morphia and bowels moved only once in the next six hours and he improved rapidly in every respect. This dose continued to act in this manner until he was convalescent. On the third day I came into town and met him on the street and he told me that he thought of starting on to San Antonio, and when I remonstrated against it he replied that he felt as well as he ever did except that he felt a little weak. I had to leave town soon and when I returned he was gone. The peculiar feature of this case was that the morphia did not entirely check the bowels and require to be followed by a laxative as it usually did. I could add indefinitely similar cases to illustrate my method of using it but the two cases above recited will be sufficient to give a general idea. Professor King said that it acts upon the liver with more energy and with less cathartic effect than any other known remedy and he might have added with less irritation of the stomach and bowels. These properties render it extremely useful in relieving the organic troubles of infancy. I have used it in early infancy in doses of from one to three grains with as much impunity as I could have used rhubarb with the effect of arousing the excretory organs to normal activity, especially that of the liver. The effect is made manifest by the abatement of the fever, by the dirty tongue cleaning off, the appetite returning, and these changes would be followed by an early and rapid convalescence. My experience in its use leads me to believe that in the treatment of the ailments of early infancy that there is no other agent belonging to the *materia medica* possessing even approximately some of its great virtues. In general practice I have most frequently combined with podophyllin and other hepatics and found their effects to be all that could be reasonably desired.

I will now pass on to a consideration of some of the virtues of podophyllum.

PODOPHYLLUM PELTATUM—MANDRAKE.

The entire plant in its recent state is very irritant, producing vomiting hypercatharsis and tormina. The dried root operates as a drastic cathartic when given in large doses. It is a slow but active and certain cathartic, keeping up its action for some time. In chronic hepatetis it has no superior in the whole range of medicines and is far superior in its desirable effects without any of its attendant evils. In constipation it acts on the bowels without disposing them to subsequent costiveness. The dose of the powdered root as a cathartic is from ten to thirty grains. Since the preparation of podophyllin it is seldom used in its crude form.

PODOPHYLLIN.

It possesses the properties of the root in a superior degree. In from two to four grain doses it acts as a drastic cathartic with nausea and griping. In one-half to one grain doses acts as a good and efficient cathartic, leaving the bowels in a soluble condition. In very small doses it is gently aperient and alterative. Some authorities claim that it only acts on the liver in small doses but I think I have often proven it to be a powerful hepatic stimulant when given in active emeto-cathartic doses. My first experience in its use in large emeto-cathartic doses occurred in the early years of my practice. I was called into a family which resided at a place where miasmatic influences were rife and him prostrated with a low, continued fever, such as the mercurials will frequently establish. His wife was on foot but badly salivated. I first administered to him what I knew to be an excellent liver pill but after several doses I got but very little responses except its cathartic effect and I told the patient that there were two ways to cure him, one would be mild but tedious and the other would be very nauseating, and he would be distressingly sick for a short time and then get well promptly. I told him that I would let him choose between the two methods of treatment. He replied that he believed that he had rather be very sick for a while and then get well. I then told him that I would remain with him for awhile and give him the drastic treatment. I gave two grains of podopyllin every two hours until I got the full effect desired. He vomited up and purged off a large quantity of very pure bile and I then checked up his bowels and found his condition entirely changed and his case was easily amenable to my usual treatment for autumnal fevers and he was soon convalescent.

I was detailed in the fall of 1860 to take charge of a sick squad which the command was compelled to leave behind in Red River county, Texas. Among the sick there was one man who had jaundice and had been under the treatment of our allopathic surgeon for some time without relief. I administered to him what I knew to be an excellent liver pill in most cases. After several days of its administration I had got a very unsatisfactory result from its operation. I suggested to him a change of treatment which would be very nauseating, drastic and sickening for a time, but it would open the way for an early convalescence. Now which had he rather do, continue to take his present treatment and linger along perhaps for weeks, or be made very sick for a little while and then get well very promptly. He said that he had rather be made very sick for a little while and then get well. I told him that I would spend the next evening with him and give him the treatment as I never left a patient under such drastic treatment until I had checked it up, but that I never had any trouble about doing that promptly. I administered doses in the same manner as I did in the preceding case with a like free discharge of bilious matter followed by prompt and per-

fect convalescence and in a few days he started on to rejoin his command.

I will now give a brief abstract of a case that came into my hands for treatment in the autumn of 1867 in Caldwell county, Texas. A Mr. T. sent for me to come to see him. He had previously had a severe attack of fever and his wife and daughter had recently died under the treatment of their Allopathic family physician and he had withdrawn from his case without having properly aroused his secretions and he had sunk into a low fever accompanied by a congestive chill which rendered him wildly delirious during the paroxysm. I arrived at his house just before his chill came on and found him rational, but as the chill came on he soon became wildly delirious and I was not able to hold a conversation with him at all. My first treatment was directed to mitigating and shortening the chill and I soon succeeded in equalizing the circulation and relieving the congestion so that he became perfectly rational and I then proceeded to give him a thorough physical examination and found nothing sufficient to account for his grave symptoms except an exceedingly torpid state of the excretory organs of the glandular system—especially that of the liver. The whites of his eyes had a distinctly yellowish tinge especially the capillaries and the skin of his face had a dark yellowish tinge almost amounting to jaundice. I told him that his liver as well as his glandular system was in an unusually torpid state and if I attempted to relieve him by a mild course of treatment the process would be slow and he would be a considerable time in getting well but by making him terribly medicine sick for a few hours he would soon recover his health. He replied that he wished to get well as quick as he could. I then told him that I would remain awhile with him and give him the necessary treatment, as I never left a patient under such drastic treatment until I had checked up the operation of the medicine but that I had never had the least difficulty in doing that. I gave him two grain doses of podophyllin every two hours until it had purged off a large quantity of very green bile and I checked up its operation for it might become exhausting. In this case the bile passed off by the bowels and the remedy did not produce emesis. In these doses it generally fills the stomach with bile and the stomach rejects it with great energy and nausea accompanied by general laxation and perspiration. This powerful relaxing property makes it very valuable in many cases. I might go on indefinitely to recite cases where this wonderful agent has shown its almost magical powers in the relief of many human ailments. But it would be a useless waste of words on the confirmed theoretic Scudderite and pleasant medicationist, therefore, I would desist and leave them to kneel at the throne of their false gods and to worship their idols for the clothes of the old Eclectics do not fit them.

IRIS VERSICOLOR—BLUE FLAG.

The blue flag is a very valuable medicinal agent. It stimulates the whole glandular system into activity. It acts specifically on a torpid liver and the salivary glands and may be safely used for these purposes in all cases where the Allopaths use the mercurials without any of the evil effects following the use of the mercurials and gives far greater and more permanent relief to the patient. I have used iris as part of the basis for alterative bitters with highly gratifying results. I will only refer to two cases which had run the gauntlet of Allopathic treatment and were pronounced incurable. These patients were both in a pitiful condition when I took charge of them. One of them had sores and scabs covering about one-fourth part of his body. The other I found in bed in an inflammatory state much resembling acute rheumatism with flushed face and slight redness and tenderness over the surface of the body and pain in his limbs, muscles and joints so that it was very painful for him to be turned in bed. In one of my early visits to this patient I met one of his former physicians who inquired if I was visiting this man, and on being answered in the affirmative he replied that to visit that man was a waste of time because he could not be cured. These cases came into my hands for treatment at different periods of time but were given substantially the same treatment. I placed them on a bitters containing iris stillingea and phytolacca fresh roots and about an ounce of bruised seed of datura to a gallon of good corn whiskey and directed them to take a good swallow of them three times a day. In the use of the roots I was guided by the official tinctures the strength of which I tried to approximate. One of the patients complained of a slight giddiness of the head and glimmering of eyes, and I told him that it was an effect of the remedies he was taking. They soon began to improve under the treatment and in a few months were apparently convalescent and remained well until they moved out of the country. As far as I have ever tried iris it has never failed to give reasonable satisfaction. I regard it as being one among the best of our vegetable alteratives, having a wide and varied application in the treatment of chronic diseases. The dose of the dried root pulverized is from five to twenty grains.

IRIDIN.

Iridin is the oleo-resinous principle of the iris root, retains the most, if not all, its virtues in a concentrated form. I have never used it much as a separate remedy because of its resinous character it was unpleasant to manipulate. I have often combined it with other agents in pill form, some of which combinations I prized highly. In cases of glandular diseases which resists other means may be relieved by giving grain doses of a combination equal parts of iridin, podophyllin and xanthoxylin given in one or two-grain doses every hour until ptialism is produced. Iridin may be used in

all cases where the root is indicated. It is also a powerful anti-syphilitic. As this article has already reached to too great a length I will now close.

Waelder, Texas.

Xanthoxylum.

BY H. L. SCHAUMLOFFEL, M.D.

Xanthoxylum or prickly ash is a remedy that should be well known to be appreciated by the practitioner. Those that have used it extensively, laud it very highly. It is one of our best stimulants in the *Materia Medica*, resembling strychnia to a certain extent, but having a milder action. It will support the system in any crises. It is also a remedy for congestion, preventing imperfect capillary circulation; in this respect it resembles belladonna or atropine without its toxic effects. In all exanthematous diseases it will cause the rash to appear and prevent its recession. Its specific indications: In the event of deficient circulation of any organ, it is specific. In atonic conditions of muscular, glandular, or digestive organs it is of great value, as also in hypersecretion, or catarrhal conditions of any mucous surfaces it is found to be curative in its action. It is also specific in all conditions of the bowels accompanied by tympanitis. Xanthoxylum is used in combination with hydrastis in all atonic conditions of the digestive tract, two to four ounces in combination with neutralizing cordial is valuable in the above condition, but especially in catarrhal gastritis; it may also be given in a capsule form. The writer has found this remedy especially serviceable in prostrating diarrheas, it stimulating the patient almost immediately so that he may attend to his business after a few doses. In all conditions accompanied with great weakness it is the remedy. In dysentery and after all debilitating fevers it tones every organ by its stimulating effect on nerve centers through which it acts. It has been found serviceable in rheumatism in combination with belladonna. One drop of the belladonna and five drops of xanthoxylum at a dose.

Dallas, Texas.

Asclepias Cornuti and Asclepias Syriaca.

BY ELI G. JONES, M. D.

In November number of Review I notice an article by Dr. W. J. Kraus on the milkweed. There are two kinds of milkweed, the *Asclepias incarnata* (swamp milkweed) grows in damp places, has a purple red flower, and has never been much used in medicine. Then we have the *Asclepias syriaca*—milkweed or silkweed. The latter was well known and in use by old botanic physicians. In New England it is a well known cure for warts, rubbing the milky juice

into the wart. The botanic physicians used it applied to open cancers with some success. Face specialists have used the juice as a cure for freckles on the face; also to remove "birthmarks." The root of the latter form of milkweed is one of our best remedies in venal dropsy—eight ounces of the root boiled in six quarts of water, adding four ounces of juniper berries and sweeten with honey. Take two tablespoonfuls of the mixture once in three hours. The dried juice was claimed by Hollernbeak in his *Eclectic Materia Medica* to have anodyne properties similar to opium. Dr. Clerborne evaporated some of the juice slowly over a water bath, took five grains of this extract three times a day; it caused nausea, and headache (between the eyes), but no anodyne effect. Dr. Potter says in *Tilden's Journal Materia Medica* "two ounces of the cold infusion made from the fresh root given every four hours acted as a diuretic." Physicians in the south reported cures of syphilis with 20 drops of the tincture three times a day. The *Amphiachyris Dracunculoides* (common name broomweed) is not a new remedy; it was introduced to the profession by the Physio medical school over thirty years ago, and is a very valuable remedy in recent coughs, bronchitis, and certain forms of pneumonia.

New Brunswick, N. J.

"Ectopic Gestation."

BY H. H. HELBING, M. D.

Extra-uterine pregnancy, as its name implies, exists outside the uterine cavity. Fecundation usually occurs in the fallopian tube. The fecundated ovum becomes attached to the wall of the tube and develops similarly to gestation within the uterus. Tubal gestation is of three kinds. These are interstitial, isthmial and ampullar. A better division would be tubo-uterine, tubo-ovarian and tubal proper. These as their names imply are located in different portions of the tube. The tubo-uterine or interstitial is located in the interstitial portion of the tube or that portion passing through the uterine wall. The ampullar or tubo-ovarian is in the fimbriated extremity of the tube. In tubal gestation the products occupy the middle third of the tube. This form is by far the most frequent.

The causes of this wrong are usually previous sterility, gonorrhoea, etc. The pathological conditions present in the tube, predisposing to ectopic gestation are obstructions in the tube such as displacement or twisting, pressure from without by ovarian tumors or possibly uterine tumors, polypi or agglutinations within the tube constricting its calibre.

Ectopic gestation is not so rare as we are led to believe by observation, for in 3,000 general autopsies, thirty were found to have had extra-uterine pregnancy. It is not so frequently found

in the country as in cities, due no doubt to the habits of the people. The symptoms of this wrong are for the first month or two such as are usually present in normal gestation; only the symptoms are of an aggravated form. The patient has amenorrhoea, morning nausea, distress in the side affected, discoloration and softening of the cervix which gradually enlarges, and enlargement of the breasts with pigmentation around the nipple. Bi-manual palpation reveals tenderness and enlargement of the tube affected. Care should be instituted in this procedure for fear of rupturing the tube. We find occasionally that there will be exfoliation of decidual membrane from the uterine cavity, especially if menstruation is re-established as sometimes occurs. This membrane if found, as disclosed with the microscope, decides positively the condition present.

There is always danger of primary hemorrhage and rupture occurring in these conditions which will usually take place previous to the twelfth week of gestation. Hemorrhage may occur within the tube, produced by the growth of the chorionic villi within the tube wall with consequent weakening, distention from accumulated blood occurs, and finally rupture takes place. When rupture is produced in this manner it happens earlier than would be brought about by the natural growth of the foetus. Some have been known to rupture as early as the first week of gestation. The placenta may be attached to the tube wall at any point upon its surface. In a rupture of the wall it may occur over the placental site, causing a more severe hemorrhage than would otherwise be occasioned and possibly producing death within a few hours. A rupture may be intra-peritoneal, allowing the tubal contents to pass into the peritoneal cavity or extra-peritoneal allowing the foetus to pass downward between the layers of the broad ligament. In either case the placenta remains attached to its original site. In the former instance the hemorrhage is more severe, the blood being unconfined. In the intra-ligamentous rupture the blood is confined in a small space and forms a hematoma. Another method of termination of tubal pregnancy is its discharge into the uterus through the os uterina, especially if it is the interstitial type. There may also occur a tubal abortion by its contents being forced through the os abdominale into the peritoneal cavity, in either case of which the placenta remains attached to its original site. In fact it is deemed almost impossible for the placenta to become detached and again adhere at some point upon the abdominal parietes.

When any one of these occurrences takes place, the patient suffers shock of greater or lesser severity, depending upon the amount of hemorrhage. If the foetus is forced into the uterus, but little disturbance is occasioned. If there is a rupture between the layers of the broad ligament, the shock, while it may be profound, is of short duration. Tubal abortion, or a rupture and

discharge of foetus into the abdominal cavity, is always attended by grave symptoms. The patient is greatly shocked; the pulse becomes weak and almost, if not quite, imperceptible; there is cold clammy skin, a comatose condition may supervene, and death close the scene within 8 or 10 hours from beginning of the attack. On the other hand she may slowly improve and later have a secondary hemorrhage. There are instances where a partial rupture occurs, in which case the foetus and membranes partially protrude through the rent in the tube or are partially extruded from the abdominal ostium. In such a case the shock is not so marked and the patient recovers more quickly. In accidents of this kind the circumstances are singular, from the fact that the patient is apparently healthy one minute and is in the throes of death the next.

The diagnosis of this wrong is rather difficult during the first stages, for it must be differentiated from salpingitis, ovaritis, perimetritis, as well as cysts and other tumors in this region. It is sometimes well nigh impossible to diagnose this wrong from a normal pregnancy until a few weeks have passed. The patient, however, if she has been pregnant before, expresses herself as feeling different than she did in previous pregnancies. Repeated examinations over a period of 5 or 6 weeks ought to clear up the case, however, and a positive diagnosis made if decidua is found in any discharge from the uterus. If normal pregnancy has been excluded, scrapings from the uterine wall may be secured and examined.

The prognosis is unfavorable to the foetus and also to the mother, unless surgical interference is instituted. The mortality is more than 50% to the mother in cases of non-interference, while surgical measures in properly selected cases give us a mortality of only 5%. But very few cases are on record where the foetus will develop to term and live after birth. If delivered alive they succumb in a few hours or days, so the mother's life only is considered in treating these cases. The earlier the case is diagnosed and operated on the more favorable will be the prognosis. If operated on after the eighth or tenth week with the foetus viable there is danger of hemorrhage, especially if we incise the tube and endeavor to remove the foetus and placenta only. The hemorrhage from the placental site is profuse and difficult to check, so it is wise in all these cases to ligate the ovarian and uterine arteries and enucleate the tube with its contents. Where cases have progressed beyond the twelfth week, and we have reason to believe it will not jeopardize the mother's life to postpone operative procedures until the death of the foetus, it is wise to delay interference, for it simplifies the case, because after the death of the foetus the placenta becomes detached and may be removed without encountering so great hemorrhage. At one time surgeons advocated the production of death of the foetus by various means,

among them being electricity, the injection of morphine, etc., but it has been discarded as not feasible on account of setting up complications that were injurious to the mother. In operating these cases we may open the peritoneal cavity through the posterior vaginal fornix and remove the tube and its contents by that route, or we may open the abdomen in front. I believe we are justified in making a vaginal section if we are not sure of our diagnosis early in the pregnancy, and we can then remove the tube if not too large or dense adhesions do not prevent us bringing it down for ligation. If impossible to remove it through the vaginal opening we can very easily perform a coeliotomy and remove the tube with its contents by the abdominal route. No harm has been done in this instance, for it has prolonged the operation only ten or fifteen minutes, which will not lessen patient's chances for recovery, and we have obtained positive information of the condition present.

In cases of rupture of the tube or tubal abortion with discharge of foetus into the peritoneal cavity, immediate interference is called for, providing preparations can be hurriedly made to operate. The lowering of the mortality rate by operative interference justifies the above statement. If ectopic gestation has been diagnosed or is suspected, it were wise to keep the patient under direct surveillance, in a hospital, if possible, until consent to operate is granted or the time is ripe for such procedure.

St. Louis, Mo.

Materia Medica and Therapeutics

EDITED BY

JOHN WILLIAM FYFE, M. D.

Short Articles giving definite indications for remedies are solicited, and may be sent to Dr. J. W. FYFE, Saugatuck, Ct.

The First Row in My Medicine Case.

NO. XII. RHUS TOXICODENDRON.

This remedy—commonly known as poison ivy and poison oak—occupies a place second to but few drugs in importance as a remedy for the medicine case. Its primary action is believed to be upon the facial sheath of the nerves, tendons, and the fibrous and cutaneous tissues. It is, therefore, upon the wrongs of these structures that the drug exerts its most markedly curative influence.

Rhus toxicodendron should never be neglected in any case presenting symptoms of nervous unrest. Its beneficial power over the nervous system has long been recognized and in numerous ways demonstrated beyond a peradventure. In fevers and inflammations it often constitutes a medicament of great usefulness. In typhoid

fever, especially when the tongue is dry, elongated and irritable with prominent papillae, and there is a tendency to delirium, rhus is a most useful remedial agent. In spinal meningitis it has been frequently employed, and when exhibited in accordance with its specific indications, has given satisfactory results. In rheumatism, especially when burning heat, redness and great restlessness are prominent features of the case, this drug constitutes one of our most valuable remedial agents, and in rheumatic inflammation of the sheath of the sciatic nerve it is as positively curative as it is possible for a drug to be. Erysipelas comes within the range of its curative power, and the specific indications for its administration in this disease are often unmistakably manifested.

In many cases of simple fever in children rhus toxicodendron is an essential remedy. The child has a high temperature, the pulse is quick, it sleeps but a short time, starts out of sleep as if frightened and utters a shrill cry. Such a case will yield promptly to this agent, and if the eyes are unnaturally bright, the addition of gelsemium to the prescription will aid much toward restoring the patient to health.

The most marked indication for rhus toxicodendron is a long, pointed tongue with prominent papillae, associated with burning heat, redness and great restlessness. Among the other leading specific indications for this remedy are the following: Moderately quick, small sharp pulse, sometimes wiry, sometimes vibratile; great restlessness with or without vomiting; child starts from sleep with a shrill cry as if from fright; tongue red and irritable, exhibiting red spots; strawberry tongue; pain over left orbit; burning pain; rheumatic pain aggravated by warmth; pinched countenance; burning pain in the urethra with dribbling of urine; acrid discharges from the bladder or bowels; tympanites; brown sordes; bright, superficial redness of the skin with burning, itching, or tingling; red glistening erysipelas, with burning pain; redness of mucous surfaces; conjunctival inflammation with pain, photophobia, and burning lachrymation; inflammation with bright red tumid surfaces and deep-seated burning pain; tumid red swellings; inflammation with ichorous discharges, the tissues seemingly melting away; old ulcers with shining red edges; induration of the submaxillary glands.

The dose of specific rhus toxicodendron (or a good fluid extract) is from 1 to 2 drops, but it is usually prescribed as follows: Rhus. tox., gtt. v to x; water, $\bar{\text{f}}\text{iv}$. Teaspoonful every hour.

Two Old Vegetable Nervines—Scullycap and Lady's Slipper.

BY J. M. FRENCH, M. D., MILFORD, MASS.

There is a large class of minor ailments of a functional nature, which are essentially the result of irritable nerves. In the majority of instances they do not render their subject bedridden, but they do make him—or more often her—uncomfortable and

even miserable. These patients are nervous and irritable during all their waking hours, and they are awake much of the time when they ought to be asleep. Their condition is not serious enough to call for the use of opiates or the more powerful hypnotics, but it is such as to cause great discomfort, not only on the part of the poor victims themselves, but of all who come in contact with them. Should the doctor, in an unguarded moment, chance to prescribe an opiate, they are quick to respond to its blandishments, and easily become habitues. Knowing this, every wise physician avoids so far as possible all powerful narcotics in dealing with this class of patients.

The old remedies for these cases were asafoetida and valerian, and very good remedies they were too; but they are much less used today than formerly, perhaps because they are so disagreeable to the patient. For we are obliged to cure our patients, not only quickly and safely, but pleasantly as well, if we would hold them, in these days. Hence the desirability and practical usefulness of a remedy depends not merely upon its therapeutic effects upon the patient, but as well upon the ease and convenience with which it may be obtained, and the pleasantness of administration.

It is from this point of view that I desire to call your attention to two of the older vegetable nervines, and to consider briefly the indications for their use.

Scutellaria Lateriflora, scullcap, hoodwort, or mad-dog weed, as it is variously known, is an indigenous perennial herb, belonging to the natural order labiatae, which is widely distributed throughout the northern, western and middle states, is found in wet, shady places in pastures and woods, and along ditches and small streams, grows from one to two feet in height, and flowers in July and August. The stem is small, smooth and branching; the leaves ovate or oblong, serrate, thin and smooth; the flowers small, pale blue in color, and arranged in slender, one-sided, axillary racemes.

The whole plant is used in medicine. It should be gathered in the flowering time, dried in the shade, and kept in air-tight containers. It is odorless, has a slightly bitter taste, and contains a little volatile oil, a peculiar bitter principle, some tannin, fat, and sugar. Unless it is kept with a great deal of care, the herb as found in the shops is often inert.

The ideal preparation is an infusion of the fresh herb, of which the dose is an indefinite quantity. As it is not usually possible to procure this, the dried herb is used in its stead. The usual dose of the fluid extract is from ten to thirty minims. Of the specific tincture the dose is from ten to twenty minims. There is also a concentration known as scutellarin, of which the dose is from one-fourth to one grain, or grain 1-12 every fifteen minutes until effect.

Scullcap is classed as a nervine, tonic, antispasmodic, and diuretic. Broadly speaking, it is indicated in two main classes of

cases: (1) To quiet an irritable nervous system, when there is restlessness and excitability, with inability to sleep, but without pain. Here it soothes the abnormal irritability, and prepares the way for quiet and restful sleep. It may be given to a nervous woman in doses of one ounce of the infusion, ten minims of the fluid extract or five of the specific tincture, or one-third grain of the concentration, repeated every two hours until the effect is seen in its soothing and quieting her, when she will probably as a result sleep well. (2) In diseases characterized by restlessness, tremors, spasms, muscular twitchings and hyperaesthesia, as in chorea, convulsions, dysmenorrhoea, neuralgia, delirium tremens, hydrophobia, hysteria, and epilepsy. In these cases it must be given in large doses and continued for a considerable time, in order to be effective. Often its efficacy is increased by combining it with some other drug. One important advantage in its use is the fact that it is neither difficult nor unpleasant to take, and does not produce any unpleasant or harmful after effects.

Rather as a curiosity in the history of the drug than otherwise, it may be mentioned that it was formerly credited with remarkable powers to cure the bite of mad dogs. In the fourth edition of Thatcher's American New Dispensatory, issued in 1821, considerable space is given to a discussion of this property. The author says: "It is now introduced here on account of its recently reputed efficacy as an antidote against canine madness. Should this plant ultimately prove a successful remedy for a disease so truly deplorable in its nature, and destructive in its consequences, no encomiums can surpass its merit even if recorded in letters of gold." He further relates that in a publication entitled, *Observations on Hydrophobia*, he has collected a mass of evidence in favor of the antidotal powers of this plant. Numerous gazettes and journals have teemed with encomiums on its preventive powers, and from sources so respectable as to claim attention and confidence; and he adds that where it has been most known and employed, it has been most highly extolled. Dr. Vanderveer, of New Jersey, being in possession of the secret—for the remedy had for many years been kept a secret, and had just now become common knowledge—had acquired extensive popularity by his success; and he is said to have declared that during his practice he had prevented upwards of three hundred persons from going mad, and that he had never lost but one patient to whom his medicine had been administered. In view of the high reputation of scullcap, therefore, he advises all practitioners to resort to it on any occasion which may offer, either in relieving mankind of this awful malady, or in arresting its devastations among the brute creation.

It is enough to say in addition to these enthusiastic remarks, that the herb is no longer used for this purpose, and that it is quite probable that it will be news even to many who make use of the herb.

for other purposes, that it was ever vaunted as a cure for hydrophobia.

Cypripedium Pubescens, lady's slipper, or moccasin flower, natural order orchidaceae, is an indigenous perennial herb, growing in low woods and damp places, most abundantly in the northern states. The stems are usually clustered, and grow to the height of a foot or more; leaves parallel-veined, lanceolate, acuminate; flowers shaped like a moccasin, or lady's slipper, hence the name. The parts used in medicine are the rhizome and rootlets, which contain a volatile oil, a volatile acid, two resins, starch, sugar, a fixed oil, and tannin. According to Ellingwood, the virtues of the plant are lost in drying, hence only preparations of the fresh root should be employed.

The principal preparations are the fluid extract, dose ten to thirty minims; the specific tincture, dose five to sixty minims; and an impure alcoholic extract or concentration, known as cypripedin, dose one-half to three grains, best given in doses of one grain four times a day for a considerable length of time.

In its sphere of action, cypripedium is a nervine, acting mainly or entirely on the nervous system. Its usefulness is confined to functional derangements, as it has no effect upon organic lesions. The nature of its action is that of a mild tonic and stimulant, strengthening nerve action and increasing nerve power; improving the circulation and nutrition of the nerve centres, and allaying nervous irritability. It tends to produce a calm and peaceful frame of mind, and thus it favors sleep.

In addition to these principal actions, some authors have claimed for cypripedium a diaphoretic and diuretic action, and a special action on the sexual system, especially the female sexual organs. Waugh has used it largely to relieve sexual erethrism, and considers that it soothes the sexual organs and quiets their irritability. This result he says has followed the use of cypripedin in both sexes.

Its specific indications would seem to be, (1) A tendency to depression of spirits; (2) Abnormal excitability and irritability, especially of the sexual system; (3) A condition of wakefulness due mainly to mental causes, especially of a depressing nature.

It is employed principally in neurasthenia, nervous hyperaesthesia, neuralgia, nervous headache, hypochondria, insomnia, epilepsy, delirium from atony, menstrual irregularities with despondency, tendency to dementia at the climacteric, mental depression from self-abuse, and other functional disturbances of the nervous system, particularly when there is a tendency to depression.

Comparisons. It will be noted that both scullcap and lady's slipper are classed in their general properties as nervine, tonic, and antispasmodic. This is another way of saying that the remedies

both act on the nervous system, and that their effects are to increase nerve power and relieve abnormal excitability.

In addition to these general actions in which they greatly resemble each other, scullcap has a diuretic action, while lady's slipper is a sexual sedative. Of the two, scullcap has the more action on the spinal nerves, cypridium more on the mental faculties and the sexual system. Each is more often used in women than in men, while cypridium finds its best use in children.

Have Drugs Any Value?

The editor of the *Critic and Guide*, in the October number of his journal, under the above caption, makes some very sensible remarks, in which he issues a challenge to all practitioners who pretend to heal the sick without the assistance of drugs. Dr. W. J. Robinson, the editor, is fully responsible and abundantly able to "make good." Now, if the Eddyites, mud bathers and their ilk believe what they pretend to believe, let them "get busy." The following is the doctor's article and challenge:

"Some ten years ago I threshed out this question pretty thoroughly in the Twentieth Century, but I am obliged to take it up once more. Among the two hundred journals we receive as exchanges (the list is constantly growing) there is quite a respectable number belonging to the "reform" variety—free thought, new thought, free love, socialist, physical culture, etc. I like to glance through them. Most of them are honest and well intentioned, and they present a curious, if not always delightful, mixture of truth and falsehood, wisdom and imbecility. Among the legends that your eye will meet most frequently in the advertising and reading pages of those journals are the statements that "drugs never cure," "drugs are poisonous," "don't fill your system with drugs," etc. Sure enough these statements are generally made by individuals not entirely disinterested; individuals who have something of their own to sell. That something may be a rectal syringe, or uncooked bread, or nut cakes, or a course of gymnastics and massage, or mud baths, or absent treatment or Christian science or osteopathy or a fake electric machine or what not. But these statements frequently and vociferously repeated produce a certain influence on innocent people, who cannot be expected to know the pros and cons of every question. And for this reason we think it worth while to take up the subject.

"That drugs play but a subordinate part in the treatment of many diseases, and that some diseases are entirely unamenable to drug treatment, every modern and progressive physician knows full well. It is only the old fogey that puts his entire faith in the

pill, powder or tincture. The modern and progressive physician knows full well the paramount importance of air, sunshine, exercise and diet. But he also knows full well the paramount importance of proper drugs, properly administered, in numerous diseases. He knows that in many conditions drugs may exert a true *life-saving* influence, and he knows that there are but few conditions in which drugs may not exert at least a palliatively beneficial influence; he knows that while drugs cannot always cure our patients, they can at least prolong their life, and give them ease, comfort and freedom from pain.

"The editor is somewhat sick of the ignorant or hypocritical cries of the so-called drugless healers and therapeutic nihilists and herewith issues the following challenge:

"He will deposit one thousand dollars in cash, the one accepting the challenge to deposit the like sum. Two patients as nearly alike as possible should be selected. The cases should preferably be gonorrhea, cystitis, syphilis, malaria, acute eczema, scabies, varicose ulcers or any other disease the character of which is unmistakable and the improvement and cure of which can be clearly followed. The editor will treat his case or cases with drugs, the drugless healer can use any method he wishes, with the exception, of course, of drugs. Whose patient recovers more quickly and more thoroughly should of course be declared the winner and receive the thousand dollars from his opponent. The money is ready for deposit any day, the offer is made in all seriousness and is open to anybody in good faith. Barefaced frauds and advertising quacks are excluded.

"Who will accept the challenge?

"Senseless overdrugging is injurious. Against poisonous patent medicines we have been preaching from our first issue, and we are proud to say that we have done as much towards knocking out the frauds as any man living. But between overdrugging, selfdrugging, improper drugging and ignorant drugging on the one hand and proper administration of the indicated remedy by a competent and educated physician on the other hand there is a very, very wide gulf."

Nitroglycerin.

Nitroglycerin (also known as glonoin) is a valuable remedial agent. In many cases its speedy employment in sudden heart failure will save life when without its use death would be inevitable. In low forms of fever a small amount of the drug may be incorporated with other remedies. It will sustain the vital powers of the patient much better than any of the alcoholic stimulants. In neuralgia of the heart it is a remedy of great value, and in facial

neuralgia it has given the best of satisfaction, especially in cases characterized by extreme atony.

The following are among the prominent indications for glonoin: Throbbing of the carotid and temporal arteries; feeling of fullness and pressure in the head, made worse by jarring, stooping or heat, as from the sun.

The dose of a one per cent. solution of nitroglycerin is from one-fourth of a drop to one drop. It may be prescribed as follows: \mathcal{R} Nitroglycerin (1 per cent. solution), gtt. x to xxx; water, \mathfrak{z} iv. Teaspoonful every hour. It may also be employed in tablet form. A one per cent. solution is made by adding one part of the oily liquid to ninety-nine parts of alcohol.

Bichromate of Potassium.

This drug constitutes an excellent antiseptic and alterative. It exerts a special influence upon the throat, larynx and trachea, and to some extent upon the mucous membranes of the bronchial tubes. In large doses it is a poison and externally it acts as a caustic. In small doses it is an efficient remedy in all cases characterized by fetor of the breath and excretions, sordes on the teeth, or a tendency to bleeding of the mucous membranes.

The following are deemed reliable indications for the exhibition of the bichromate of potassium: Exudations upon the surface of the mucous membranes of the throat, as in diphtheria and pseudo-membranous croup; throbbing headache at the angles of the forehead; hoarseness with thickening and irritation of the mucous membrane of the throat; sore throat resulting from taking cold.

This remedial agent may be employed as follows: \mathcal{R} Bichromate of potassium, $\frac{1}{2}$ grain, water, \mathfrak{z} iv. Teaspoonful every two hours. The same solution may be used as a gargle every two or three hours.

Materia Medica and Therapeutics.

The following questions were used by the Connecticut Eclectic Medical Examiners in their examination of applicants for license to practice medicine in that State, at their meeting on the 13th and 14th of November:

MATERIA MEDICA.

1. Name two of the important alkaloids of opium, and give the dose of each.
2. Define narcotics, alteratives and antispasmodics. Give an example of each with its dose.
3. Name two preparations of belladonna. Briefly describe its toxic action and name an antidote.

4. Give physiological action of gelsemium and the doses of two preparations of the drug.
5. Give the source of strychnia. What would you consider a safe dose of sulphate of strychnia?
6. Give the common name of *phytolacca decandra*, and the doses of two preparations of the drug.
7. Give the common name of *hydrastis canadensis*. Mention two preparations of the drug, and give the dose of each.
8. Name two systemic emetics, and give the dose of each.
9. What is Monsell's Solution?
10. Name ten drugs which you deem efficient remedies.

THERAPEUTICS.

1. What is specific medication, and why is it so called?
2. What remedy would you employ in albuminuria? Give the dose and state your reasons for selecting the drug.
3. Diagnose a disease, give your treatment and your reasons for selecting the remedies.
4. In what condition would you employ gelsemium and *rhus toxicodendron* in combination? Give your reasons for so doing, and your manner of administering the remedies.
5. Name two remedies prominent in the treatment of pneumonia, and give the doses in which you would employ them.
6. Give the specific indications for *pulsatilla* and *belladonna*, and state what you understand by the term specific indication.
7. Name two remedies prominent in the treatment of typhoid fever. Give the specific indications for the remedies named, and your manner of administering them.
8. How would you treat a case of scarlet fever? Give doses of your remedies and your reasons for selecting them.
9. For what purposes are caustics applied?
10. Name two remedies prominent in the treatment of cholera infantum. In what doses and how would you employ them in the case of a child two years of age?

Not Doubt, but Ignorance.

A leading old school work on materia medica and therapeutics, in referring to *rhus toxicodendron* says: "It is highly doubtful if it is valuable in any affection." Better buy an Eclectic work, doctor, and try to "get on to" a little therapeutic knowledge before issuing another edition of your well written book.

SOCIETY CALENDAR.

National Eclectic Medical Association. Meets at Los Angeles in June, 1907. E. H. Stevenson, M.D., president; J. P. Best, M.D., secretary.

Eclectic Medical Society of the State of New York. Meets at Albany, March, 1907. A. E. Broga, M.D., president; E. H. King, M.D., secretary.

Massachusetts Eclectic Medical Society. Meets first Thursday and Friday of June, in Boston. D. P. Borden, M.D., president; Pitts Edwin Howes, M.D., secretary.

Eclectic Medical Society of the City and County of New York. Meets third Thursday in each month at 239 East Fourteenth Street. V. Sillo, M.D., president; Charles Lloyd, M.D., secretary.

Kings County Eclectic Medical Society. Meets annually in February. H. Stoesser, M.D., president; M. B. Pearlstien, M.D., secretary.

New York Specific Medication Club. Meets second Thursday in each month at 239 East Fourteenth Street. H. Harris, M.D., secretary.

Boston District Eclectic Medical Society. Meets the fourth Monday of each month, excepting July and August, at "The Thorndike," Boylston Street. Electa A. Brown, M.D., president; Pitts Edwin Howes, M.D., secretary.

National Eclectic Medical Association.

LOS ANGELES IN 1907.

As each month passes by the arrangements for the eastern delegation are becoming more complete in their detail.

We shall start from Boston and New York on Monday, June 10, at 10.45 A. M. and 1 P. M. respectively, arriving in Chicago Tuesday about noon where we will lay over for six hours, giving time to get quite a good idea of this cosmopolitan city.

Our next stopping place will be Kansas City, where we shall have ample time for a comprehensive trolley ride. Leaving Kansas City in the early evening we will be landed at Colorado Springs early in the afternoon, where we stay until the middle of the forenoon of the next day. Our headquarters will be "The Antlers," the largest and best hotel of this famous resort. While here, many attractions are open to our party, the ascent of Pike's Peak, over 14,000 feet, by means of the ingenious cog-wheeled railway, the visit to the Garden of the Gods with its wonderful rocky formations; a night in Denver for those who may desire, and other points of equal interest to the tourist.

Our trip over the Denver and Rio Grande, justly called "the scenic line of the world," is so arranged that we cover the entire distance by daylight. This is accomplished by making a night's stay at "The Colorado" at Glenwood Springs. Without doubt this is one of the most ideal spots for a hotel in the country and the management have left nothing undone to add to its attractiveness so that one at first sight would almost be willing to believe they were in fairyland.

Saturday evening finds us at Salt Lake City all comfortably housed in the "Knutsford" where "mine host" will take special pains to see that all are satisfied. The greater part of Sunday being

spent in Salt Lake ample time will be given for viewing the sights of this peculiar city.

Late Sunday afternoon finds us en route for the land of fruit and flowers. Again we pause to spend the night at the mission inn, "The Glenwood," which has truly been said to be the ideal Californian hotel. The quaint mission architecture is adhered to in all its primitive beauty, and yet the guest is surrounded by the luxury of modern times. Just the spot to gather in its fullness the loveliness of the Californian climate. The night goes far too quickly and we speed away to Los Angeles for the meeting. The homeward journey will be described next month. For then comes the important part, the cost. While that cannot be definitely stated until the railroads have announced their rate; yet if what is expected is carried out the trip from Buffalo, including Pullmans, meals, hotel bills, except at Los Angeles, for the entire trip to San Francisco, Portland, Seattle, Victoria, Vancouver, three days, in the Canadian National Park, the trip of the great lakes—Superior and Huron, with a day at Toronto, can be taken for \$160. Do you realize what this means? Traveling over 9,000 miles, stopping everywhere at the best hotels, seeing the grandest sights this country affords and all for a little over \$5 per day. Make up your mind now to go, and let nothing prevent your going.

Boston District Eclectic Medical Society.

Boston, Nov. 26, 1906.

The regular meeting of the Boston District Eclectic Medical Society was held this evening at The Thorndike, being called to order by the president, Electa A. Brown, M. D. After the records were approved the secretary read the acknowledgment of Professor John Uri Lloyd to the congratulations of the society which had been sent to the Lloyd Library upon the news that the eminent English surgeon, General Walker, had in his will directed that his library and \$30,000 in cash be presented to the library to carry on its work. The letter was ordered spread in full upon the minutes. Dr. C. M. Martin read an interesting paper on "Pleasant Medication" which was quite generally discussed.

PITTS EDWIN HOWES, M.D., Secretary.

Book Reviews

Report on the Advancement of Pharmaceutical Chemistry and Therapeutics. Volume XIX, 1905.

This is a valuable and instructive report, containing the description of many of the newer preparations, with an index of diseases, symptoms, and indications for treatment; also biographi-

cal index, index of authors, and general index. Send to Merck for copy.

Transactions of the Ohio State Eclectic Medical Association 1906.

Including the proceedings of the forty-second annual meeting held at Columbus, Ohio, May 1, 2, 3, 1906; together with the addresses, reports, papers and essays presented before the several sections. Edited by the Committee on Publication. Published by the Association, 1906.

This Ohio volume containing nearly three hundred pages is a splendid volume full of short practical, instructive articles. We congratulate the publication committee and the society on this book, and the fine work that it represents.

A Text Book of Pathology. By Alfred Stengel, M. D., professor of Clinical Medicine University of Pennsylvania, etc. 5th edition, 979 pages. Philadelphia, W. B. Saunders Company.

This new edition has been revised and fifty pages of new text added. The work commends itself for detailed and clear text and excellent illustrations. We can recommend it to practitioners and students without reserve. M.

Chemistry. By John Attfield, F. R. S. Professor of chemistry, etc., London. Edited by Leonard Dobbin, lecturer on chemistry, etc., Edinburgh. 1911 edition, 756 pages. Philadelphia, Lea Brothers Company.

We would carry coals to Newcastle in attempting to praise again this manual which has proven to be one of the best in its line. The new edition has taken cognizance of the changes of the new United States Pharmacopæia and the text has been enlarged, so that the book is up to date. We strongly recommend it to the student. M.

Items

Getting ready for that Los Angeles trip?

Why not a Thomas's "Practice" or an Ellingwood's "Book of Treatment" for a holiday gift?

The Nurses' Association had a pleasant reception and dance on the evening of December 7. Ten new subscribers were enrolled.

Dr. Eli Denny of Nassau, N. Y., writes of good locations in his neighborhood for hustling Eclectics. Write him for particulars.

Drs. Seiffert and Slamovitz have opened offices at 223 Henry Street, and are having plenty of business.

Dr. Albert Leining has been appointed house physician at Riverside Hospital, Buffalo, N. Y.

Dr. Walter Baetz has been appointed on the staff of the Lying-In Hospital, New York city.

The memory of that faculty dinner still lingers.

The Beachonians are to have a reception and dance at Terrace Garden on the evening of January 23.

Dr. Barnes's sanitarium, "Gray Towers," Stamford, Conn., is ideally situated and the doctor gives his personal attention to the patients.

Parke, Davis & Co. are sending out a brochure illustrating and describing their department of experimental medicine. It is beautifully illustrated and you should have a copy. Write them.

Read the advertisements; correspond with the advertisers; mention the Review.

"Weary Willie" is duck shooting in the wilds of North Carolina. He needed a vacation after his strenuous election efforts.

A physician in West Forty-fifth street with a complete electrical equipment might arrange to share his office with a suitable person. Write to "Physician," care of "The Review," 140 West Seventy-first street, New York city.

They say something is going to happen to "Constitution." We will announce it as soon as we have official word.

The "Dean" has given up eating "wheat" bread.

The County Society had the largest and most enthusiastic meeting in its history last month. It is evident that our practitioners will act unitedly on the matter of medical legislation.

Get acquainted with your assemblyman and senator. Keep them informed as to your position on medical legislation.

For your convenience we continue the subscription blank in the advertising pages.

A Merry Christmas and a Happy New Year to all!

